Lectures
ON
FIBROID TUMOURS OF THE UTERUS.

Delivered at the Hospital for Women, Soho-square,

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LECTURE II.—(*Concluded from p. 4.*)

As I stated in my last lecture, the most prominent symptoms—those which call more particularly for treatment—are, the arrest of hæmorrhage, the relief of pain, and the checking of irregular discharges, whether of mucus or of blood. Before resorting to any plan of treatment, it is of course, above all things, necessary to determine, if possible, the exact position of the tumour; and, in reference to this point, you will bear in mind what I stated in my last lecture as being, on the whole, fairly deducible from a consideration of the leading symptoms—viz., that excessive hæmorrhage, or other irregular discharge, is indicative of a polypoid, submucous, or interstitial fibroid, while great pain, on the other hand, results much more frequently from tumours which are subperitoneal, or which, if interstitial, are so placed as to cause obstruction to the menstrual flow or pressure on adjoining sensitive parts. As, however, the fitness of the case for medical or surgical treatment depends entirely, at least so far as our advice is concerned, upon a correct appreciation of the exact position of the tumour and its relation to the uterine walls, it is desirable that I should consider a little more fully the means at our command for determining this point. Of course if a case comes before us in which excessive menorrhagia, irregular attacks of hæmorrhage, and profuse watery discharges are the leading symptoms, so that the patient has been reduced to a marked anæmic condition, and we find on examination that the uterus is occupied by a tumour, that the cervix is expanded over it equally all round, that its tissue is soft, the os a little patulous, its edges thin, and through it, though the opening be very small so as hardly to admit the tip of the finger, a tumour is felt projecting into the uterine cavity, no doubt whatever exists as to what ought to be done in such a case. Medicines, even of the palliative kind, are here quite out of place, and the case is a perfect one for surgical interference by one or other of the methods I shall presently describe. Our advice should be given accordingly, and in no faltering tone.

Again, suppose a case presents itself similar to the foregoing as regards the general symptoms, with perhaps this difference, that, though menorrhagia is excessive, there is no history of irregular attacks of hæmorrhage, and no profuse watery discharges, but that there is rather more pain in this than in the former case, and more disturbance of the functions of the neighbouring viscera — the bladder or rectum. The inference before vaginal examination will tend rather to the opinion that an interstitial fibroid exists. And if, on examining the uterus, we find its tissue hard, the cervix displaced from its central position in the pelvis, the os closed, or at least not patulous, and that a hard swelling exists in the pelvis, immediately connected with the uterus and opposite to the position of the cervix, most likely in the anterior or posterior wall of the uterus; if, further, on cautiously introducing the sound, we find that the uterine cavity is enlarged in all directions, that the sound seems to pass over a rounded surface, and that the slightest movement of the tumour at once affects the sound in utero, then there can be little doubt that we have to deal with a fibroid tumour of the interstitial kind, and the question of medical *versus* surgical treatment becomes one of pressing importance, and is at the same time full of great intricacy, difficulty, and danger. Such a case requires unquestionably the greatest skill, judgment, and discretion. It should be examined again and again before a definite course of action is decided on, at least if surgical interference is contemplated. And here I would urge very strongly the great importance of careful examination under chloroform before any surgical measures are attempted in any doubtful case. I do not think it is possible to gain a correct idea of the relations of an interstitial fibroid unless the patient is completely under the influence of chloroform, so that by combined internal and external examination, with and without the use of the sound, the whole position of the tumour can be mapped out, as in most cases it can with almost absolute certainty and accuracy. When this is done, then and not till then shall we be in a position fairly to decide for our patient's welfare as to the course that should be adopted. I shall presently describe the surgical bearings of such a case, and the character of the operation suited to it.

Lastly, if a case occurs in which the leading symptom is pain in and about the pelvic region, with accompanying disturbance of the functions of the adjoining viscera—the bladder or rectum; with a certain but comparatively slight excess in the menstrual discharge; with no hæmorrhage at irregular times, and no amount of watery discharge: if, on examining such a case, we find much displacement of the cervix uteri, with but little alteration of its size, shape, or consistence, and that a tumour exists somewhere in the opposite direction to the cervix, causing its displacement; if, further, we find that the tumour is very mobile, and does not affect the cervix to the same extent as does an interstitial fibroid, showing that its connexion with the uterus is not so intimate in the one case as in the other; if, moreover, the uterine sound gives a measurement showing that the uterus is little if at all increased in size,—then the tumour, if uterine at all, is most probably of the subperitoneal form.

Having, then, determined accurately the position of the tumour, the question of its medical or surgical treatment is thereby settled; and, supposing that palliative treatment is required, our attention will probably be directed chiefly to the relief of one or other or all of the three leading symptoms—namely, menorrhagia, irregular discharge of mucus or of blood, and pain. Of these, undoubtedly excessive discharge, either at or between the menstrual periods, will be the most common, and probably the most trying and troublesome symptom to treat. Of course I need not say that astringents will under such circumstances be called for; and, among the many that at different times enjoy popularity, it is difficult to select one which shall prove most effectual; indeed, I do not hesitate to declare that there is no single remedy that I know of which can be relied upon with anything like certainty to check the hæmorrhage or arrest the menstrual flow in cases of this sort. I have tried, in turn, most, if not all, the so-called hæmostatics, and I cannot say of any one of them that it has been uniformly successful, or that it has not at times most signally failed. Gallic acid in one case, astringent chalybeates in another—and, of the latter, I know of none that is so effective as the ethereal peracetate of iron in half-drachm doses; acetate of lead in a third, taking care always, in giving the latter, to do so in solution with the dilute acetic acid; ergot of rye in a fourth, in half-drachm doses, giving this in the recent powder in preference to any other form;—these are, according to my experience, among the most efficient remedies of this class. But there is one that I have used during the last twelvemonth which certainly seems to me by far the most effective remedy of the kind that we possess: I mean the watery extract or liquor of the common periwinkle—the extractum vincæ major liquidum, as it is called. This, taken in drachm doses, properly diluted, every four hours, I have seldom known to fail; it is certainly by far the most efficient remedy that I know of for the purpose in question. Why one remedy answers at one time or in one case better than another I am quite unable to say; constitutional or local peculiarity may have to do with it; but in any case I can lay down no rule for your guidance, for the whole thing seems to be purely empirical. Of those agents which, while possessing no astringency, have nevertheless in some hands proved effective as hæmostatics, such as digitalis, Indian hemp, turpentine, and mercury, I have no satisfactory opinion to offer, for the reason that they have all in my hands proved utter failures. Of course, where great anæmia exists, a chalybeate astringent would seem the most fitting, but I have on many occasions found it rather increase than diminish the bleeding. The same may be said also of ergot. Dr. M'Clintock speaks

very highly of the hæmostatic properties of mercury, confirming in this respect the experience of Dr. Tanner, who found it a most useful agent for this purpose. I must own that I have never seen such a result. If I were to place the medicines in the order in which I have found them of greatest value, I should assign them as follows: the liquid extract of the common garden periwinkle, the ethereal peracetate of iron, ergot in the form presently to be described, gallic and sulphuric acids with the compound infusion of roses, the acetate of lead with dilute acetic acid, and, in a few rare cases of the congestive kind, the local abstraction of blood by means of leeches to the cervix; these have all, in turns, proved efficient in my hands. As a general rule, I have observed that when hæmorrhage does occur, which is very seldom, in cases of subperitoneal fibroids, it is more easily arrested than in either of the other varieties, and for such the periwinkle, or the chloride of calcium, given perseveringly for months, has been the most successful. In interstitial fibroids the bleeding is more difficult to control, and ergot of rye or borax has proved the most efficient agent in such cases. In the submucous, and still more in the polypoidal forms, the difficulty of arresting hæmorrhage is greater than in either of the others; here the vinca major and the more common astringents, such as gallic acid, sulphuric acid, iron alum, or the peracetate of iron, have appeared to me to answer best.

There is one other remedy which I have tried quite recently in three cases, and the result in one of these was very marked; I allude to the subcutaneous injection of ergotine. The solution which I employed contained ten grains of ergotine to a drachm, and from five to twenty minims were injected each day. In one case severe cellular inflammation followed in the site of the puncture, so that the treatment had to be discontinued; in another it excited so much pain and distress about the præcordia that I was obliged to desist, and in neither did any good result; while in a third the remedy was continued daily for ten days, and not only did it produce a decidedly beneficial result in regard to the next menstrual period, but the hæmorrhage was restrained for two months afterwards, when the case passed from my observation. I believe that we have in this agent a powerful hæmostatic remedy, for I am informed that very good results have followed its practice in other hands.

In addition to the above, the local application of astringents will often prove most successful, and these we may apply either in the shape of vaginal suppositories of tannin, or the glycerine of tannin, or matico, or alum, or we may inject the uterus with the perchloride of iron, though I very much prefer the use of the anhydrous zinc points as suggested by Dr. Braxton Hicks. In the more severe cases, where a fatal issue seems almost to threaten, it will be necessary to resort to the use of the tampon.

Besides all these remedies there is a measure which has been greatly extolled by some as most efficient in arresting hæmorrhage—viz., the division of the cervix. Various explanations have been given to account for this result, but none of them, I think, are satisfactory, nor has the proceeding itself proved successful in my hands. Occasionally, however, where the cervix has been dilated with sponge tents, and some inflammation has followed in consequence, the disposition to hæmorrhage has been afterwards completely arrested. It seems likely, therefore, that the good result which occasionally flows from dividing the cervix is to be explained in the same way. A similar method to this has been recommended by Dr. Atlee, of Philadelphia, which he describes as most successful. His plan is "to pass a bistoury along the vagina into the cavity of the uterus, and make a very free incision into the most exposed portion of the tumour." The operation is to be done during the occurrence of hæmorrhage, and he declares that it is "invariably arrested instantaneously." I have had no experience of this method, but anything coming with the approval of Dr. Atlee is deserving of every attention. So much, then, for the question of hæmorrhage, or excessive discharge of any kind, in cases of uterine fibroid.

In regard to the relief of pain, there are several ways open to us by which we may hope to accomplish this end; and we shall be probably guided to the right method according to the correctness of our appreciation of its causes. Sometimes the pain is produced mechanically, by pressure of the tumour on neighbouring parts. This is especially likely to occur in the subperitoneal and pedunculate variety; and in such cases great relief has occasionally followed the removal of the tumour by the hand from one part to another. In one case that came under my care, where the tumour was situate posteriorly, the introduction of an air-pessary behind the cervix proved very successful in supporting the tumour, and gave great relief to the patient. In a movable tumour, therefore, the possibility of a mechanical cause of pain should be borne in mind. The pain which is due to a congested or inflamed condition of the tumour must be met by the remedies already described when treating of this condition. And in cases where neither of these two causes is in operation, but where the pain is, nevertheless, constant and wearing, though its cause may not be very clearly defined, there we must resort to the employment of anodynes; and these we may use either subcutaneously or by the mouth, or better still, I think, by the vagina. I will only speak of the latter mode of treatment, because, of course, the two former are well understood. The advantages of this method are—first, that the anodyne is applied directly to the affected nerves; and, secondly, that the stomach and digestive organs are not so injuriously affected as when the same drug is given by the mouth. On the other hand, the disadvantages are—first, what I may call the moral or sentimental objection to the practice of daily introducing a foreign substance into the vagina; and, secondly, the discharge which must necessarily take place of those portions of the pessary which are not absorbed. This latter objection formerly applied with much greater force when the greasy substance—cocoa-butter—was used, than it does now, because, as I showed long ago, in a paper which appeared in *The Practitioner*, "On the Use of Medicated Vaginal Pessaries," it is no part of the function of the vagina to digest fats; and the presence of such a greasy substance in the vagina tends to prevent the absorption of the active ingredients. Moreover, the discharge of all the unabsorbable part, including the whole basis of the pessary, is, in private practice, very objectionable. I have, therefore, long since discarded the use of the cocoa-butter, at least in all cases where an astringent is not required; and in its place I now use, as the basis of the pessary, a mixture of gelatine and glycerine, in the proportion of one part of the former to four of the latter. This makes an admirable mass, it readily melts at the temperature of the vagina, and any ingredient that is not astringent can be added to it; but as all astringents combine with the gelatine to form an insoluble compound, it cannot be used in these cases. There is one other point I may mention in connexion with these pessaries—namely, their size. Very commonly they are used as large as a Minie ball, or even larger. There is no necessity for this; and I think it is on every account desirable that they should be as small as possible. I therefore always use them the size of a suppository, which is quite large enough to carry any drug you may require. Another advantage of using the gelatine and glycerine is, that the latter promotes the secretion of the vaginal mucous membrane, and so favours the absorption of the active ingredient. The anodynes which I have found most useful are the alkaloids conein, atropia, and morphia—one to two grains of conein, one-eighteenth to one-twelfth of a grain of atropia, and half a grain to a grain of morphia. These may be used once or twice a day, according to circumstances. On the whole I am inclined to believe that conein is by far the best and most efficient anodyne we possess for vaginal purposes. I am satisfied that it is in all ovarian cases, but am not quite so sure of it in the class of cases we are considering.

So much, then, for what we must call only the palliative treatment of these tumours. Happily we are not restricted to this, for we possess many means by which we can effectually remove these growths. The mode of procedure to be adopted in any given case must of course depend upon the nature of the case, and especially upon the situation of the tumour. Hence the great importance of being able to diagnose accurately the position of the tumour, and its relation to the uterine walls. In the polypoid and in the submucous varieties our course of action is clearly marked out; in both cases the first step is to secure free dilatation of the cervix, so as at least to admit easily two fingers within the uterine cavity, in a case where the tumour is small, and has a distinct pedicle; while in others where the tumour is large, and has an extensive attachment, though only to the mucous surface, there we must

dilate the cervix more freely by means first of the sponge or sea-tangle tents, and afterwards with the india-rubber air- or water-bags, so as to admit not merely two or three fingers, but even in some cases the entire hand. I have succeeded in doing this on several occasions, detaching thereby tumours considerably larger than a fœtal head at full term, and separating them completely from the uterus by means of the écraseur. In one case, after cutting off such a tumour I had the greatest difficulty in extracting it from the uterus, and was obliged to use a pair of long obstetric forceps for this purpose. We shall generally find, at least I have hitherto found, little or no difficulty in separating a submucous tumour from its attachment; as a rule, one or more of the fingers is quite sufficient for this purpose, except at one part where it will be found to have a firmer attachment than elsewhere, and there the écraseur must be used. The old-fashioned canula of Gooch is now, I think, pretty generally abandoned, and deservedly so, for there is nothing to be said in its favour, and very much may be fairly urged against it. It is, I think, most objectionable practice to retain, as with the use of this instrument we are obliged often to do, a sloughing putrid mass in the vagina, or even in the uterus, sometimes for days together, until the ligature, which is here used for the purpose of strangulation, has succeeded in cutting its way through the tumour. I am in the habit always of using, and greatly prefer, the single wire écraseur. The wire in question is the same as is used in pianofortes; it is extremely tough, but is most conveniently stiff and at the same time springy, so that the loop may be nipped tightly and narrowed for facility of passage through the vagina and os uteri, but as soon as it gets beyond this into the cavity of the uterus it springs open so as to encircle even a large tumour, and its stiffness makes it very easy of application because it can be passed, of course with all due care and gentleness, along the uterine wall, even without the guide of the finger, if the operator is accustomed to such manipulations, and so up to the stalk or base of the tumour. While this is being done, and also when the screw is being worked so as to fix the wire round the tumour, the instrument should be constantly semi-rotated, so as to free the wire from the uterus, at the same time that the point is pressed home as far as it will go. Occasionally when there is much difficulty in passing the wire up to the fundus, I have used a small hook as a carrier of the wire to the point sought. The application of the wire is, I think, easier if we use a new wire for every operation; it is inexpensive, and it is much easier to use than when the wire has before been drawn through the instrument, and so spoilt its round shape and springiness. I usually cut through the tumour quickly. There is seldom or never any bleeding of consequence; if there be, I plug with cotton wool and tincture of matico and a little carbolic acid.

With reference to the subperitoneal fibroids, I can conceive no justification for surgical interference, except it be in cases where the suffering caused by the tumour is so great, or the condition so alarming, that life is either insupportable from pain and general distress or is threatened by the growth of the tumour. Even in these cases there ought to be at least a fair presumption that the tumour is removable by the operation of gastrotomy. But while I would deprecate any hasty resort to operative interference in these cases, I must at the same time express again my opinion, as I have done on more than one occasion in writing, that "many of these cases might be attacked which are now left alone to the great distress of the patient; and I cannot help thinking that, with our rapidly diminishing mortality after ovariotomy, due in great measure to the knowledge we are gaining from daily accumulating experience, the time will come, and is fast approaching, when we shall be fully justified in attempting the removal of many of these growths by abdominal section." I regret that I have not more time to discuss this question, but the subject has been fairly and ably handled by Professor Thomas, of New York, in the last edition of his admirable "Treatise on the Diseases of Women."

Between the two varieties of tumour the treatment of which we have considered—viz., the submucous and the subperitoneal—there is a large group, indeed, as I believe, by far the largest group, of cases—namely, the interstitial; and it is to these that the attention of the profession will, I am sure, be more and more directed in future. Since I began to attack these growths by the process of enucleation I have been surprised often at the facility with which they may sometimes be removed, and the comparatively slight constitutional disturbance which their removal has involved. At the same time, I fully recognise the danger that may be run, and the serious and even fatal consequences that may ensue, unless, on the one hand, we are very precise and clear in our diagnosis of the exact position of the tumour, and its relation to the uterine walls, especially on its peritoneal aspect; and, on the other hand, are extremely careful and, as far as possible, gentle in the somewhat rough handling to which the uterus must necessarily be subjected in the process of enucleation. Hitherto the results in my hands have proved so successful that I do not hesitate to recommend its more frequent adoption, even though so great an authority as Dr. M'Clintock expresses an adverse opinion upon it. It was, indeed, to a great extent due to the strong objections urged by him and other writers that I was for a long time deterred from resorting to this operation. Dr. M'Clintock's opinion is thus expressed: "The results of this operation are very far from encouraging, and it may be doubted whether it will ever become an established mode of practice. It is attended by grave dangers of an immediate and remote kind—viz., hæmorrhage and pyæmia. The idea of the operation suggested itself to Velpeau from observing the looseness of attachment between some of these tumours and the uterus. But in my experience it is quite exceptional to find the connexions of the tumour with the uterus so lax as to admit of its ready enucleation or dislodgment; while in most cases very great and direct force would have been required to effect this; and in some instances, as Dr. Rigby remarks, the tumour seems to be almost *continuous* with the uterine substance, so that its detachment would be next to an impossibility. However," he adds, "this operation should not be wholly proscribed." Dr. West, again, expresses himself still more strongly to the same effect. He states that "twenty-seven operations yield fourteen deaths to thirteen recoveries, while in four of the latter the operation was incomplete, and a portion of the tumour was left behind." Later on he expresses the opinion that, if we could get correct statistics of the operation, it would be shown that most of the cases have ended fatally; and, accordingly, he classes the operation "among the most hazardous in surgery," and concludes by saying that "the hazard attendant on operations for the enucleation of interstitial fibrous tumours of the uterus, when still imbedded in the walls of the organ, is so extreme as to render them generally inadmissible, and to remove them to that class of exceptional proceedings which the special condition of the patient and the unusual dexterity of the surgeon alone justify." Now, I cannot agree with either of these two authorities, for I am sure from my own experience that they have greatly exaggerated the dangers that are incurred, if only due care is taken in the selection of cases suitable for the operation. You can readily understand that an interstitial fibroid, not perhaps of very great size, may yet be so placed that only the very thinnest layer of uterine tissue covers it on its peritoneal side; and, of course, in such a case very great danger will be run in attempting its enucleation. On the other hand, you may have a fibroid equally interstitial, of large or small size, completely covered with uterine tissue, but with a good thick layer upon its peritoneal surface, and a comparatively thin layer on its mucous surface. Obviously the danger in these two cases is widely different, and in the latter it is comparatively slight. How, then, is the differential diagnosis of these two conditions to be made, at least with some approach to accuracy? For, of course, accuracy in such a matter is of the very utmost importance. I have already considered this subject in part when speaking of the differential diagnosis of the several varieties of uterine fibroids. It must be judged of partly by symptoms and partly by physical signs, and, as a general rule, it will be found that the more subperitoneal a tumour is, the less will the size and form of the uterine cavity be interfered with; while, on the other hand, the more submucous it is, the more will those relations be distorted; so that where the hæmorrhage or other uterine discharge is very free, and where the size of the uterine cavity, as measured by the uterine sound, bears a fair proportion to the size of the tumour, there we may reasonably expect to find a fair amount of uterine tissue on the peritoneal surface of the tumour, a thinner layer on its mucous surface, and, consequently, the

case is a favourable one for enucleation. I should add, too, that the lower the tumour is in the pelvis, the more the body of the uterus is involved; and the nearer the tumour is to the cervix, still more if the cervix itself is invaded by it, the greater are the chances of successful interference. A long cervix, especially if it be little or not at all altered from its natural size and shape, must be regarded as unfavourable for surgical treatment in cases of uterine fibroids.

I regret that I have not more time for the consideration of this part of our subject; but I have left myself only a few minutes for a description of the operation, and cannot, I fear, detail the cases I hoped to bring before you where I have resorted to this proceeding. Now, the operation of enucleation should be conducted upon a definite plan, and according to some fixed principle; and both may, I think, be summed up as follows:—First, that these uterine tumours should be regarded as essentially foreign bodies. Secondly, that Nature's method of dealing with these foreign bodies is to expel them; we see this often in the case of polypi, and occasionally even in large submucous fibroids. Thirdly, that for her success in this matter a dilated or dilatable os, and uterine contraction, are the only essential requisites. Fourthly, that it is the duty of the physician, when these conditions are absent, to step in with his art and imitate the process. Fifthly, that for this purpose the cervix must be opened up, and the uterus be stimulated to contraction. Lastly, that both these objects will be greatly facilitated, in the case of interstitial tumours, by their forcible detachment from the position in which they are embedded, thus making them more and more foreign to the organ where they are lodged.

Now as to details. The conditions of success are, as I have said, an open os, uterine contraction, and detachment of the tumour. As to the first, I am strongly opposed to the method of dilatation, and in favour of free division. I have seen infinitely greater evils result from dilatation than from division. Moreover, the former is inadequate to the subsequent steps of the operation, because—and this applies especially to cases where the tumour is large—I think it is most important that the process of detachment should be conducted gradually, and in successive portions, so as not at one time to expose a very large surface to the risk of inflammation and purulent absorption. If the cervix be divided, it is done once for all, and is ready for the successive steps of the operation; whereas in dilatation the same process has to be repeated every time that we resort to detachment.

My plan, then, is, first to divide the cervix freely in two or three places, taking care to prevent reunion of the divided surface, and always to plug the vagina for a few hours after the division is made. In about a week or at most a fortnight from this time, supposing that all has gone on well, I introduce the finger up to the tumour, and, with whatever force is necessary (sometimes a good deal is required, sometimes but very little), I break through the tissue covering the tumour at the point where it joins the healthy uterus. Once within what I call the intracapsular space—that is, the space between the tumour and the uterus,—there is, according to my experience, very little difficulty indeed in passing the finger freely round the tumour in all directions, breaking down its loose cellular attachments, and, in short, shelling it out from its uterine bed. As I have said, I greatly prefer not doing all this at once, but in successive steps. When the tumour is in good part detached, but not before then, we may advance to the next step in the process, and endeavour to procure its expulsion. This we do by the administration of any of the various oxytoxic agents, of which ergot and borax are certainly the best. Sometimes I have used galvanism, with evident success; but in this matter I do not think it is of much importance what we use, for, if the tumour is only well separated, the uterus will usually contract most efficiently, and all the more readily, no doubt, because of the irritation to which it has been subjected by the previous operations. The last step in the operation is the removal of the tumour by means of the écraseur, in the same way as has been already recommended in the case of polypoid growths. I have once succeeded in entirely enucleating such a tumour without the use of the écraseur; and I do not at all see why in some cases we should not be able completely to detach it with the finger, just as I have done again and again in post-mortem cases. Where we are dealing with a very large tumour, it may occasionally be necessary to remove it in successive portions. I had a case of this kind under my care some time ago: the uterus was occupied by one of these interstitial fibroids, and was of such a size that the fundus reached fully up to the umbilicus. In that case, after I had detached a good part of the tumour, the uterus contracted so vigorously upon it that in four days a large mass was forced into the vagina, and I was compelled to remove it before waiting for the subsequent separation and removal of the remaining portion. Ultimately, however, I got it all away, and the patient came to me the other day perfectly well.

Such, then, is the plan of enucleation which I am in the habit of practising, which I recommend strongly as by far the best way of treating these cases of interstitial fibroid, and which, if conducted with all due care and in properly selected cases, is, I am convinced, not nearly so dangerous an operation as it has been represented.

If you will pardon my detaining you a little longer, there is just one other method of treating these cases about which I should like to say a few words. It is a method which was discovered, I believe quite accidentally, by my friend Dr. Greenhalgh; and it consists in the application of the actual cautery directly to the tumour itself. Dr. Greenhalgh was engaged one day in some cutting operation upon a rather large interstitial fibroid, when the hæmorrhage became so severe that he was obliged to desist; and as all styptics failed to arrest the bleeding, he applied the actual cautery so freely to the bleeding surface that he burnt quite a hole in the tumour. The bleeding stopped, and, to his great surprise, he found in the course of a few days that the tumour was protruding forcibly through the opening made by the cautery. Little by little the tumour descended, until the whole mass was eventually extruded, having been but slightly assisted by art. Encouraged by this, he in a subsequent case determined to repeat the experiment. I was requested to meet him in consultation, and was present when the operation was performed. The case was one of a large interstitial fibroid, growing entirely in the posterior wall of the uterus, and invading the cervix so completely that its posterior lip formed part of the tumour, and was, in fact, expanded over it; the tumour itself occupied three-fourths of the pelvis posteriorly, the os and anterior wall of the uterus being thrust forward against the symphysis pubis. A small conically bulbous cautery was thrust through the vaginal roof and into the centre of the tumour, about an inch or so behind the os uteri, to a depth of about an inch or an inch and a half. No bleeding followed the operation. In the course of a few days the opening thus made began to dilate, and the finger, when passed through it, readily detected a space between the tumour and the posterior wall of the uterus, where detachment could be easily effected. Dr. Greenhalgh being obliged to leave London for the Continent, I was requested to take charge of the case. At that time, which was about a week after the application of the cautery, the opening was fully as large as a crown-piece, and through it the tumour was beginning to protrude. All this, too, by the natural effort, and without the help of any drug. In four or five days more, during which time I had aided the process of expulsion by daily detaching it more and more, the mass came to occupy the whole vaginal cavity, and began to assume a sloughy condition, from which serious constitutional disturbance threatened. I therefore applied the écraseur, and removed all that was then practicable. A week after this Dr. Greenhalgh returned, and by that time more of the tumour had been extruded. The patient was accordingly placed under the influence of chloroform; and then, without the slightest difficulty, the entire mass was turned out with the finger, no other instrument being used. The patient made a completely satisfactory recovery.

Such a case is highly instructive from several points of view; it seems to open up an entirely new plan of treating these growths, and one which, I think, has very much to commend it. It avoids the danger of hæmorrhage in the cutting operations, and may possibly prove preventive of purulent infection; while it seems also in some way to promote uterine contraction and expulsion of the tumour. It is, however, of course very limited in its application; for it can only be resorted to in cases where the tumour is close down upon the vaginal roof and has entirely invaded the cervix.

A CASE OF

ABSCESS OF THE LIVER; RECOVERY AFTER THE ABSTRACTION, BY DIEULAFOY'S ASPIRATOR, OF 106 OZ. OF PUS.

WITH REMARKS ON THE EFFECTS OF THE DIRECT ABSTRACTION OF BLOOD FROM THE LIVER BY THE SAME INSTRUMENT.

BY PROFESSOR MACLEAN, C.B.

BERNARD P——, aged forty-one, private 107th Regiment, served in the German Legion at the Cape of Good Hope, and for fourteen years in India, at Kurrachee, Poona, Delhi, and Roorkee; unmarried. Was a labourer previous to enlistment. Always temperate, beer, not spirits, by his own account, having been his only beverage in India. No syphilitic history. Had, on the whole, good health in India, having only been in hospital for a slight attack of bronchitis, and one of ague. For three months in 1872 he was in attendance on an officer labouring under phagedenic ulceration and urinary extravasation. Patient attributes his illness to the pestilential effluvia of the discharges to which he was exposed during his attendance. He was first attacked by diarrhœa; after suffering from this for ten or fourteen days, he reports that he "fell down insensible," and suffered from severe and constant vomiting, with occasional sharp shooting pains in his right side. After suffering more or less from the above symptoms, he began to pass the characteristic stools of dysentery, which yielded to treatment; but he remained in hospital with hepatic symptoms, and was finally invalided home in January, 1873. On the voyage home in H.M.S. *Serapis* he was occasionally under treatment for dysenteric and hepatic symptoms, without any permanent improvement.

Condition on admission at Netley on April 10th, 1873.—Much emaciated; chest-walls expand imperfectly; right intercostal spaces are full and prominent, especially the lower ones. Heart displaced over to left side; sounds normal. Pulse 110, feeble; respiration 22 or 24 per minute. Constant cough; expectoration muco-purulent, scanty, and slightly offensive. Complains of chilliness in legs and abdomen. Moist râles are heard over both lungs, especially in their upper portion. The right infra-clavicular region is tender on percussion, flattened, and bronchial breathing, with increased resonance, are noticed. Tongue furred; breath offensive; bad taste in the mouth; no appetite, but much thirst. The whole region of the liver is visibly prominent and enlarged, and acutely tender. The dulness extends far over into the left hypochondrium and down into the right lumbar and umbilical regions, also encroaching a good deal upwards on the right lung. Gastralgia and constant acid eructations. Very weak and irritable; countenance sallow, presenting almost the aspect of the cachexia of malignant disease, with an appearance of intense anxiety, almost amounting to horror. Hardly sleeps at all, being harassed by cough, and a constant boring pain always in the right and sometimes in the left shoulder.

The case was diagnosed as one of abscess of the liver, and the prognosis was unfavourable.

On April 14th I saw the patient for the first time, and at once made an exploratory puncture with one of the small hollow needles of Dieulafoy's aspirator near the tip of the eighth costal cartilage. This yielded about an ounce and a half of bloody fluid, but no pus. A second plunge of the needle a little further from the middle line had no better fortune, as the aspirator brought away only the same quantity of blood. Dr. Battersby, the gentleman in charge of the ward, who kept the above-quoted record of the case, noted that "the effect of this operation was very marked, giving the man great relief from the excruciating pain he was in all the morning." Chloride of ammonium in fifteen-grain doses was ordered three times a day, with poultices to the side, suitable support, and a sedative at night. About an hour after the operation he passed a semi-solid stool containing about two ounces of purulent matter. He perspired excessively during the day, and was very weak towards evening.

April 15th.—Slept fairly; bowels opened three times, but no more pus was noticed in the evacuations; temperature 99°; respiration 36, very shallow.

16th.—Prominence on right side very marked a couple of inches posterior to last puncture. Into this I plunged a small trocar and cannula, and the aspirator drew off twelve ounces of rather fetid pus and some blood. As this was drawn off the cannula could be moved freely in a large cavity. Great relief was afforded, but the patient was extremely weak and his condition precarious. The cough continued urgent and the sweating profuse, and he complained of pain in both shoulders.

On the 17th, towards evening, he became flushed and restless, his temperature rose from 99° to 99·9°, and the cough was very troublesome. He was ordered small doses of solution of hydrochlorate of morphia, and milk with lime-water, iced; claret was substituted for brandy.

On the 18th he was in great pain and looked anxious and ghastly; his temperature had fallen more than 2°; his pulse and respiration were quickened. Much increase of swelling was noticed, especially behind the last puncture, and the area of hepatic dulness was much increased; some florid blood was coughed up before the morning visit. Dr. Fyffe at once introduced the largest trocar and cannula belonging to the aspirator into the most prominent part of the swelling, and drew off the enormous quantity of ninety-six ounces of pus, of a reddish-brown colour and creamy consistence. Towards the close of the operation he became very weak, but the relief of all the most urgent symptoms was immense and immediate. A full dose of morphia was given, and the patient passed a tranquil night.

From this day, indeed from the hour of the last operation, his recovery commenced, and his history was one of steady improvement; his cough subsided, his breathing became tranquil, the sweats disappeared, his temperature became normal, his appetite returned, and he gained flesh with surprising quickness. So rapidly did the abscess contract that a needle passed near the last puncture some days after the operation did not enter a cavity, but encountered only the solid substance of the gland. After spending in all eight weeks in hospital the patient was found "fit for duty," and discharged on June 6th, and, I regret to add, celebrated his restoration to health and freedom from hospital restraint by getting drunk and spending the night in the guard-room.

This case presents some points of great practical interest. 1st. The case was clearly of pyæmic origin, secondary to dysentery. 2nd. As is usual in such cases, the foregoing history clearly establishes the fact that there were more abscesses than one. Even if it be assumed that the purulent matter passed by stool was not of hepatic origin, it is hardly possible to believe that a cavity which was completely emptied by the aspirator on the 16th could have filled to such a prodigious extent as by the 18th to contain ninety-six ounces of pus. It is more probable that between the abscess opened on the former date and that evacuated on the last occasion there was a more or less thin wall of separation, which, under the pressure of the larger abscess, had given way, converting the two excavations into one. 3rd. The fall of temperature on the 18th (the date of the last operation), amounting to 2° F., was very remarkable, and a true indication of the extreme depression and consequent peril of the patient; for, as I have had many opportunities of observing and recording, the thermometer rises a degree or more when an abscess in the liver, which has been emptied, fills again—thus giving a most reliable indication of the fact, apart from all other signs. 4th. The rapidity with which this great cavity closed, and never again filled, was most remarkable; and, as a consequence, the speedy amendment, convalescence, and final complete recovery of the patient—an event, under the apparently hopeless circumstances of the case, I did not for a moment anticipate. 5th. A most noteworthy point in this case was the relief afforded by the abstraction of blood directly from the liver, by the aspirator, in my first search for the site of the abscess on the 14th. This was carefully noted by the young medical officer in charge, and was apparent to all who watched the case. If this were a solitary example I would not be disposed to dwell much on the fact. But on the same day, in ward 27A of the medical division, I found a soldier, private H—— of the 109th Regt., just arrived from India, with all the symptoms of acute inflammation of the liver—enlargement of the gland (quite apparent to the eye

and confirmed by palpation and percussion), a temperature of 101·4°, a pulse of 120, extreme hepatic tenderness, dorsal decubitus, and a very anxious countenance. The symptoms were such as to warrant the suspicion that an abscess was making its way to the surface. Without hesitation I plunged one of Dieulafoy's perforated needles in succession into the most prominent parts of the liver, applying the aspirator. I failed to find an abscess, but brought away about four ounces of blood. The result was most striking. The patient experienced immediate and marked relief; the temperature fell; the excessive swelling of the liver subsided in a manner out of all proportion to the quantity of blood extracted; and, under the use of chloride of ammonium, the patient made a very good recovery. It cannot be said that the result was due to the operation of the medicine alone, as the relief experienced was gratefully acknowledged at the time in the presence of the medical officers doing duty in my wards. In yet a third case—one of chronic dysentery, complicated with hepatic symptoms so acute as to lead me to suspect that pus had formed—I pursued the same plan, not for the purpose of withdrawing blood, but in search of a supposed abscess, which was not found; but the withdrawing of about the same quantity of blood by the aspirator was, in like manner, followed by the immediate subsidence of the hepatic symptoms.

Without wishing to draw large conclusions based on a small number of cases, I think the facts given above are very suggestive, and worth the consideration of those who have to deal with acute inflammation of the liver in hot climates, and who, like myself, know how futile it is to expect much benefit from the abstraction of blood from the external tissues over the inflamed organ. I think it the more necessary to be explicit on the high opinion I entertain of the benefit likely to be derived from the use of aspirators in the treatment of inflammation of the liver and its consequence, suppuration, because my name is often quoted as a determined opponent of "exploration" of the liver. And with justice; for so long as the operation was performed in the unsurgical method, and with the coarse and unsuitable instruments, then in use, I condemned the practice. From the hour that finer instruments, such as those of Dieulafoy and Bowditch, were available, I have, by precept and example, urged their use. Indeed, it was in my wards at Netley that the instruments just named were first used in hepatic cases.

I am still as ardent an advocate as ever for the exclusion of air from a suppurating cavity in the liver, and believe it to be the duty of all who have to do with such cases, whether they be acute or chronic, to give the sufferers the chance of an issue such as was obtained in P——'s case, by so conducting the operation as to exclude air; but when the cavity, after being once or twice evacuated in this way, fills again, I believe the patient's best chance of recovery will be to make a free opening after Mr. Lister's method, which gives the advantage of a free drain, without the admission of air unfiltered through an antiseptic medium.

I venture to hope that the good effects indisputably obtained, in the examples above related, by the direct abstraction of blood by means of aspirators, may induce a more extended trial of them by medical officers in India, in cases of acute suppurative inflammation of the liver.

Netley.

THE TREATMENT OF SMALL-POX BY VACCINATION.

BY R. C. FURLEY, L.R.C.S.

IN THE LANCET of February 1st there is an article on the above subject by Dr. Matthew Taylor, in which he makes certain statements to combat my views, and states propositions to refute them. I hail with pleasure his appearance as champion of the older views on this subject, because I think that Burke never uttered a truer sentiment than that "our antagonist is our helper. This amiable conflict with difficulty obliges us to an intimate acquaintance with our object, and compels us to consider it in all its relations."

In the opening part of his article Dr. Taylor expresses himself as of opinion that so much has already been written on the subject "that little room is left for anyone to make original observations." Were I of a similar opinion I would not trouble the profession with any views I might entertain; but I am convinced that some good, even though little, will accrue from an interchange of thought and deductions from facts and observations on the subject. Anyone who endeavours to shake belief in doctrines long entertained and founded on the observations of acute, accurate, and respected members of our profession, may expect, and rightly too, to encounter opposition of a somewhat stringent kind. This no one seeking truth as his end and aim has any right to object to, because, whether the old doctrine or the new criticism be in error, it will the sooner be rectified; and if the latter be found wrong, the former will rest on a surer foundation, as having withstood the attacks made upon it. This is the spirit in which I hope the discussion will be carried on. When, therefore, Dr. Taylor says I scout the opinions of Mr. Marson and others he uses too strong a term; I only dissent from them, and give my reasons for my dissent. Dr. Taylor, speaking for himself, Mr. Marson, Dr. Grieve, and "most medical men," says: "Anyone who has given the subject careful consideration knows that the preventive action of the vaccine virus does not come into operation till the constitutional effect is produced, or, in other words, till the maturation of the vesicle, which occurs in nine days." This, I think, is the generally received opinion and fairly stated, although it implies that anyone differing from it has not given the subject "careful consideration." In endeavouring to show the fallacy of it, Dr. Taylor can the less find fault if he is confronted with his own words and statements. According to him, "from the time of exposure to the variolous virus till the appearance of the eruption is fourteen days." We shall say a person named C. D. is so exposed, and vaccination not performed; the eruption will then make its appearance on the fourteenth day. Dr. Taylor says, "Suppose A. B., an unvaccinated person, is exposed to the variolous poison on Monday; if he is vaccinated on the Tuesday he is safe, or the Wednesday, Thursday, or even up to the Friday." Say that A. B. is vaccinated on Friday—that is, four days after exposure, and add the nine days till the maturation of the vesicle, which makes thirteen days in all, and yet "he is safe"; while the eruption appears on the following day on C. D., who was exposed to the virus at the same time. Now, the preventive action of the vaccine virus came into operation on A. B. before the maturation of the vesicle, or the variolous virus lay dormant in C. D. for thirteen days, and then suddenly broke out into activity during the next day, which we know, as a matter of fact, is not the case. Dr. Taylor says, "If the effect of introducing vaccine lymph were instantaneous, then Mr. Furley might be right." I think I have shown from these two assumed cases it is nearly so. For what is the nature of the disease? Variola consists of the introduction of corpuscles into the blood, their multiplication there, and their subsequent extrusion through the cutis vera, between which and the epidermis they accumulate, till the epidermis yields, and the disease exhausts itself. Now, vaccination checks the increase of these corpuscles either wholly or partially; wholly if vaccine lymph be introduced sufficiently early, and partially, I maintain, through the whole period of the multiplication of the corpuscles. If not, when will the vaccine lymph cease to check the increase? When they have multiplied to the extent of one thousand, or two or three, or what number? Even a million seems a small quantity in this disease, so enormous is the increase. Looking thus at the disease, it appears to me not so much a question of time when vaccination ceases to be beneficial, but a question of condition. When the corpuscles have multiplied till they can multiply no longer, then, and then only, will vaccination be of no use; and this does not appear to be the case until the eruption is complete.

From what I have said, the indications for treatment consist of two parts: first, to check the reproduction of the corpuscles in the blood; and, secondly, to destroy them as soon as they make their appearance through the cutis vera. The first indication is best fulfilled by vaccination, or the hypodermic injection of lymph, no other substance being known—or at all events sufficiently tested—capable of producing that effect. As regards the second indication—i. e., the destruction of the corpuscles after their extrusion—many things have been proposed to effect that object, such

as nitrate of silver, tincture of iodine, &c. Such treatment has erroneously been styled the ectrotic treatment of small-pox, whilst it only deals with the results of that disease. Recently Mr. Charnley employed for that purpose solution of compound sulphate of lime, and with apparent success, but the publication of his experiments brought down on him some strictures in your columns, in which vital force &c. did the duty of common sense. More recently, Dr. Watson, of Vienna, introduced carbolic acid with a similar view, but it was received with some favour, the vital force argument not being brought forward on this occasion. By others carbolic acid has been introduced into the system with the view of checking the disease, and some seem to think it has that effect, although I have injected it into the blood without being able to say it did much good, but perhaps the quantity was insufficient. In a recent case I had, I applied a solution of it to one arm, butter-milk to the other, and weak acetic acid to one leg. None of these seemed to do much good, although, if anything, the butter-milk had the best of it. There must be many substances, however, that can destroy the epidermis of the vesicles and their enclosed contents, but caution should be exercised in experimentation.

Dr. Taylor objects to me placing any reliance whatever upon the treatment by vaccination in cases where the individual has been previously vaccinated, because it is experimenting on a modified disease. Now I also take exception to this statement, because the treatment renders the so-called modified disease of still shorter duration, which is of some advantage, even though it ultimately got better if left alone. But I deny that the disease is modified. The corpuscles are the same and the symptoms are the same. It is the individual, so to speak, that is modified. The corpuscles multiply till they can multiply no longer, but as they cannot reproduce themselves to the same extent owing to the constitutional change in the individual from vaccination, the disease necessarily runs a shorter course. But that course is quite a natural one. In reference to this part of the subject, Dr. Taylor asks, "Who can say that the disease would not have aborted earlier in the vaccinated cases if left alone?" Now this does not assert, but it *means* that vaccination prolongs the disease, so that vaccination both shortens and prolongs the disease, which is a *reductio ad absurdum*. Dr. Taylor recites a case in which vaccinia and variola ran their course together, and would seem to conclude from this that the one does not affect the other. No doubt if the variolous corpuscles have increased to a great extent the controlling power of the vaccinia will not be so observable; and even if there are a few hundred less pocks, with thousands of corpuscles in each less than there would have been, it may not seem much to the onlooker, but may be of vast importance to the patient. The eye is very apt to be deceived in this disease, the reasoning faculty not so readily; and Dr. Taylor should show why vaccination can do good to-day and not to-morrow, or, in other words, what change comes over the variolous corpuscles that their development can be checked at one time and not at another? This is the whole point, and with Dr. Taylor's experience of 1200 cases, he might be able to tell us. Recently, one of the Professors here delivered a clinical lecture, in which he stated that vaccination *may* do good up to the period the eruption makes its appearance—that is, for thirteen days after exposure. Had he gone a little further his views would have coincided with my own; but still it is a long way from the third proposition of Mr. Marson's rule, and shows that there are others besides myself who think it requires revision.

Lauriston-place, Edinburgh, March, 1873.

CASE OF SNAKE-BITE.

DEATH IN AN HOUR AND A QUARTER.

BY SURGEON CHAPPLE,
ROYAL ARTILLERY.

ON March 23rd, about 5 o'clock P.M., one of my servants ran in to report that a hospital servant had just been bitten by a snake. I went out immediately, and found the man standing in the verandah. He showed me a wound over the left hip-joint, about a quarter of an inch in length, quite a clean, incised wound, such as a knife would inflict. The man gave the following account of the occurrence. He was coming to my house to deliver a message. On his way he turned into one of the public latrines; he was in a sitting position, when "a large snake" darted from a hole in the wall, bit him on the hip, and coiled itself back again. Whilst he was making his statement I was applying strong carbolic acid to the wound. The acid was the only remedy at hand. Knowing the value of time in such cases, I thought it better to use what was at hand than run the risk of absorption of the poison whilst waiting for more approved remedies. The acid was in crystal, a little of it liquefied by the heat of the weather. On application of the acid the wound turned ash-colour. It was as thoroughly cauterised as the remedy would admit. The place where the man was bitten was about 170 yards from my house, and he, knowing me well, ran at once to my bungalow, so that not more, at the outside, than three minutes elapsed from the moment he was bitten until the acid was applied. The wound was bleeding freely, owing, no doubt, to its incised character. The acid stopped the flow of blood; I could not help that undesirable effect. I gave him about two ounces of brandy with a little water, and had him conveyed in a dooley to the hospital, which is close to my house. Cupping glasses were applied, and the wound again bled freely. Ammonia was administered internally.

At 6 o'clock, exactly an hour after being bitten, the pulse was good, skin natural, no sickness of stomach, and no symptom indicative of prostration or exhaustion of the nerve centres. He talked incessantly, was very restless, tossing his arms, swaying his body, moving his legs, and bemoaning at the same time his hard fate. But he had perfect control over himself when he wished to exercise it. When told to be silent and quiet, he obeyed at once, relapsing in a few minutes. This talkativeness and restlessness may have been due either to the liberal exhibition of stimulants, to fright, or to the desire to increase the sympathy loudly expressed by a large gathering of friends. He swallowed without hesitation everything offered him to drink. Nothing could, under the circumstances, have been more favourable than his state; but then there was the ominous fact that he had been bitten by a poisonous snake. Though I had not seen the snake, I was perfectly convinced from descriptions of its venomous nature.

From the time of his removal to the hospital the man had been sitting up. One of his friends induced him to lie down. About five minutes after he lay down his finger-nails were seen to change colour, becoming quite blue. On looking close at him he was found to be dead. He died in a little less than an hour and a quarter after being bitten.

Remarks.—There are a few highly interesting and unusual points connected with this case. It is one of those rare instances of snakes making an unprovoked attack on man. From the man's description, I have no doubt the bite was inflicted by a cobra. Dr. Fayrer, in his interesting papers on the influence of snake-poison, states that he has always had the greatest difficulty to get the cobra to bite voluntarily. Very lucky we are that it is so, for cobras abound in Kirkee, and if they were aggressive fatal cases would be more common. I think I can satisfactorily prove in this case that the snake *did* attack the man. In more than nine-tenths of the cases of snake-bite, the bite is inflicted in self-defence. The snake may be actually attacked, as in the case mentioned some months ago in the *Indian Medical Gazette*, of a European attacking a cobra naked-handed, he killing the cobra and the cobra killing him; or the snake may conceive itself to be attacked by a person suddenly coming on it before it has time to get away. In the case under consideration premeditated attack on the part of the man may be put aside as altogether out of the question. Did the man, then, come upon the snake so suddenly that it had not time to escape without first showing fight? It is, to say the least of it, highly improbable that any man could be so stupid as to walk up the narrow compartment of a public latrine in broad day, deposit a twenty pound bag of lime and some books which he carried, and put his hip-joint in close proximity to the head of a cobra without seeing it, and it is equally improbable that the cobra, under the circumstances, could have been approached unawares. The man wore sandals, and the floor was stone. To account for the infliction of the bite on accidental grounds involves belief in dulness of perception

of man and cobra more rare, I should say, than aggressive snakes. Had the snake been there before the man entered the latrine it is only natural to suppose he would have seen it, and judiciously bolted. And, above all, we have the man's own statement, and there is no reason why he should not be believed.

Regarded in a medical light, the case is not without interest. (1) The incised nature of the wound, so unlike that which the fang of a snake would inflict; from the position and appearance of the wound I should never have thought it to be a snake-bite. (2) It rarely occurs that an opportunity of early treatment is given in these cases, and the chances of saving life are fearfully diminished if many minutes elapse before remedial measures are adopted. About three minutes elapsed from the time of injury to the application of the acid, and it will be seen of how very little avail treatment was in this case. (3) The suddenness and calmness with which the man died (to me inexplicable) gave no time to try the injection of ammonia or any other of the specifics. I should say the dose of poison was too strong for any "remedy." Why the poison should have remained latent in the system for a little more than an hour without giving the least indication of its presence, and then acting with almost instantaneous effect, I am not prepared to state. I need not say that the man was in perfect health previous to this accident. His friends would not allow a post-mortem examination.

Many of the cases of snake-poisoning reported as cured have been, I believe, bites of non-poisonous snakes. Natives know the symptoms of snake-poisoning. When bitten and they do not see the snake, as frequently occurs at night, or when the snake escapes and its species cannot be determined, they at once assume it to be poisonous, and forthwith develop many of the symptoms. I was called about ten months ago to see a native female servant who had been bitten whilst walking without shoes in the garden after dark. The snake seized her by the great toe of the left foot, and inflicted two punctured wounds. The woman gave herself up to certain death. I did not see her for nearly an hour after she had been bitten. She then presented some of the symptoms. She wanted to sleep, she talked as if delirious, her skin was cold and clammy, and pulse weak. Effects of fright? I had nothing at hand but brandy, which I gave her. I spoke to her encouragingly. Hope came back: the symptoms disappeared. She lay down and slept till morning, and awoke quite well with the exception of having a sore toe. The snake evidently bit with a will, and, had it been poisonous, would have bitten with fatal effect. If I had a pet antidote, and had used it in this case, I might in all good faith have registered this as another cure of snake-poisoning.

Kirkee.

A CASE OF CHARBON.

BY JOSEPH ROGERS, M.D.

ON Thursday, the 26th ult., I was called at 9 P.M. to see Mrs. H——, the wife of a respectable tradesman residing in this neighbourhood. On reaching the house the husband informed me that his wife had been ill some three days, and that she, being a devotee of the homœopathic heresy, had been under the care of some person of that fraternity; that feeling dissatisfied with the little which was being done for her, and alarmed at her condition, he had sent for me. On entering her bedroom I observed her lying on her back in bed evidently dangerously ill. On examination I found that the lower lip was enormously swollen, everted, and perfectly black. About half an inch from the lip on the right side, there was a small pimple with a black head. On touching the chin I found it tense as brawn, which tenseness extended to the ear on each side, and descended as far as the cricoid cartilage. She protruded her tongue with much difficulty; it was coated with a white fur, the edges being red. Pulse 120; skin hot and dry, communicating a very unpleasant sensation to the fingers.

Though quite unprepared to see such a case, I immediately diagnosed it as charbon. As the bowels were confined, I ordered a mild aperient; also, disulphate of quinine, two grains; solution of pernitrate of iron, twenty minims; solution of concentrated acetate of ammonia, twenty minims, every three hours; applying over the swelling a charcoal and linseed-meal poultice. I also directed that wine, beef-tea, &c., should be given freely and frequently. At 8 A.M. of the 27th I found her state more alarming, her skin covered with a clammy perspiration, pulse 90 and intermittent. I therefore suggested a consultation, and Dr. Anstie was sent for. He agreed with me as to the nature of the case, and prognosticated, as I had done, a fatal termination. At 8.30 A.M. the temperature was 102½°, although the skin was moist. It was decided to continue the quinine and iron, omitting the solution of acetate of ammonia, to reapply charcoal poultices, and to repeat the beef-tea, milk, eggs, and brandy every half-hour, or whenever practicable. At noon the pulse had risen to 140; skin very hot, and on turning the bed to the light I noticed the dark subcutaneous tissue of the chin and neck showing through the tense white skin.

At each subsequent visit up to 10 P.M. I found her becoming gradually worse, but with intellect unclouded, and to my repeated inquiries as to whether she was in pain, she always replied "No." She died at 3 A.M. of the 28th.

I have subsequently learnt that, whilst sitting in a first-floor room with her children on the previous Sunday, the window being open, a large bluebottle fly settled on her chin and stung her sharply. She brushed it off and tried to kill it. Subsequently a pimple developed on the site of the sting, which increased in size, and became so troublesome as to induce her to send for her homœopathic attendant on Tuesday, on which day she also saw a friend, a French lady, who told her she had better be careful, as the pimple reminded her of the disease called charbon, which she had seen in France, which was due to the poison of a fly, and which would destroy life in four or five days. My patient laughed at this, so thoroughly at that time was she ignorant of the relation existing between the sting of the fly and her fatal illness.

Dean-street, Soho.

NOTES OF

A CASE OF ASSUMED AMAUROSIS.

BY JAMES H. STOWERS, M.R.C.S. ENG.,

OPHTHALMIC HOUSE-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

MARTHA D——, aged fifteen years, was admitted into the hospital on June 3rd, 1873, under the care of Mr. Power. The history given was that the patient had but a short time since been in one of Mr. Holden's wards for erythema of the left leg and arm, the precise cause of which, however, was not very clearly shown. She said that as long as she could remember she had been obliged to bring objects very near to her right eye to see them distinctly, but that vision suddenly left her during the time she was under treatment for her leg, &c. Her peculiar behaviour had been previously noticed when in Lawrence ward.

Dropping of the right upper lid then occurred, though when spoken sharply to, with a pretended effort, she could raise it, but again to let it fall. On examination, both eyes were found to be in exactly the same condition, and to all appearances quite healthy. Several careful ophthalmoscopic examinations were made, notwithstanding the difficulty experienced in making her fix the eyes in any one position, in consequence of the pain that she said was present in the right globe. The optic discs on both sides were not quite so clearly defined as they should be, but nothing abnormal in the media, &c., retina or vessels of either fundus, could be seen. The irides acted perfectly when stimulated. She was constantly seen to be rubbing the lids, when closed, with her fingers. The patient is a well-nourished, fair-haired girl, and presents in her manner and behaviour many characteristics of the hysterical type.

A mixture containing tincture of valerian with tincture of hyoscyamus and camphor mixture was ordered to be taken three times a day.

The right vision, when a very bright light is used and the left eye covered, is totally absent, though a fourteen-

inch prism placed in front of the left eye produces diplopia. Tension of both eyes normal. She has menstruated twice.

June 9th.—When visited in the morning she was able to raise both upper lids quite naturally, and keep them in that position. The pain, however, was said to be still present.

10th.—Galvanism to right temple was applied for a few minutes, and repeated successively for the six following days. The left eye was now ordered to be tied up with a light pad and bandage during the daytime for some hours. No improvement followed.

18th.—A small blister to right temple.

26th.—Assumed inability to place the left heel upon the ground, though nothing was to be seen or felt amiss with it. When told to stand on the left leg alone she refused, saying that she "could not," and so "would not" try to do so. Mr. Power brought down to the hospital a stereoscopic arrangement with which, if both eyes of an emmetrope are used, the vision appears crossed, with the hope of discovering whether she could see with the right eye, but nothing could prevail upon her to use the instrument or look into it as desired. Right vision still unimproved. She cannot distinguish a bright light from darkness.

27th.—Stereoscope again tried, but with the same result. Discharged unimproved.

On questioning the mother as to the patient's previous history, she said that she had always been noted for her obedient and affectionate behaviour at home. No history of hysteria or insanity was known in the family.

It cannot be said in such a case as this that, notwithstanding the above, there is nothing wrong with the patient, for doubtless in so young a person, with no explanation whatever for such eccentricities, there is sufficient to indicate, if not bodily disease, at any rate much mental derangement. In addition to that which I have narrated, I may mention the fact that during the time she was allowed to walk one day in the hospital square she visited one of the sisters, and described to her an operation which she said, though falsely, had been performed on her.

Sir James Paget, who has lately concluded a course of lectures at this hospital on nervous mimicry, describes the condition of the mind in this disease as being in a state not only of unwillingness, but of inability to will.

Of course a point of great interest remains to see whether the girl improves as she grows older, or if, circumstances permitting, she will deteriorate into what in the higher ranks of society is not rare—a "confirmed invalid."

CASE OF GUNSHOT WOUND.

By RICHARD W. GARNHAM,
SURGEON P. AND O. SERVICE.

THE following case has been of great interest to me from the absence of expected symptoms after an accident that at first sight appeared of a grave nature, and may perhaps be considered worthy of being recorded as an encouragement to others when called upon for a prognosis in a similar case.

Mr. A. J——, an officer in the ship in which I serve, was, on the evening of the 5th of May, wounded by the accidental discharge of a Colt's Deringer pistol, the bullet of which is conical, measuring half an inch long by one-third of an inch in diameter. Mr. J—— was at the time in good health, and the ship had just entered the Mediterranean from the Suez Canal *en route* from Calcutta. The pistol was discharged within a few inches of his body, so that his jacket was scorched by the flash. He was not knocked down, but immediately after being struck he became so faint as to be obliged to sit down, and when I saw him a few minutes afterwards, he was so prostrated by shock that it was some time, and only after administering stimulants, before I was able to get his clothes off to examine him. When I did so, I found the bullet had traversed the left arm and entered the posterior fold of the axilla, close to the angle formed by the arm and chest. There was little or no bleeding externally, and nothing could be felt of the bullet. Between the scapula and the spine, and below the angle of the scapula, there was marked emphysematous crackling beneath the skin, and in an hour's time the chest was absolutely dull on percussion, as high as the nipple line when the patient was sitting, and up to this line no respiratory murmur was audible.

For the first twelve hours he was obliged to maintain a semi-recumbent position, and suffered much from general shortness of breath, with occasional severe spasms of pain about the chest, which prevented his getting any sleep, although he took two small doses of morphia during the night.

The second night he was able to lie down, and got a good night's rest, awaking in the morning comparatively well, and from that time his recovery has been entirely uninterrupted, and unassisted by treatment of any kind, beyond keeping him from exposure to weather, and forbidding any special exertion.

The emphysema lasted about a week before its entire disappearance. The wounds healed most kindly, and the dulness has gradually disappeared, until now, five weeks after the accident, the left side expands as well as the right, and there is to me no perceptible difference in the amount of respiration in the two sides. The patient complains still of a little pain over the left front of the chest, but he is evidently in good health, and ever since the first day or two has had good appetite and digestion, without the slightest pyrexia, cough, or hæmoptysis.

Since we have been in England Professor Longmore, of Netley Hospital, has been good enough to see my patient, and expressed an opinion that if he showed no further symptoms for two or three months (during which time he advised he should be kept on the sick list, and under observation), he might then consider himself a thoroughly healthy man, notwithstanding the continued presence of the bullet in his body.

Southampton.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

ST. BARTHOLOMEW'S HOSPITAL.

POPLITEAL ANEURISM; LIGATURE OF THE FEMORAL; GANGRENE THREE WEEKS AFTER; SEPARATION OF FOUR TOES; RECOVERY.

(Under the care of Mr. THOMAS SMITH.)

GANGRENE three weeks after the ligature of an artery is a rare occurrence, and in this case was in all probability due to the blocking up of some of the distal arteries by a detached portion of the softened contents of the aneurismal sac. Evidently it was not the result of the stoppage of the circulation by the ligature, for sufficient time had elapsed for the establishment of collateral circulation; nor could it be due to the pressure of the aneurism, which had considerably diminished in size before the supervention of the mortification.

For the following notes, taken by the clerk, Mr. Macready, we are indebted to Mr. Crippe, house-surgeon.

H. S——, a carman, aged forty, was admitted on March 13th, with a popliteal aneurism. He had always led a regular life, never had syphilis, and had not been a spirit-drinker. In the year 1866 he had an abscess at the inner side of the lower third of the left thigh, which was opened, but continued to discharge for two or three months; and although the wound healed, the swelling never entirely disappeared. For three or four months before admission he had suffered from anomalous pain about the left knee. On Feb. 14th, while walking, he suddenly experienced acute pain in the knee, and fell down with the limb semiflexed. Next morning he noticed a slight fulness in the popliteal space, which was the seat of a constant aching pain. From

this time the tumour gradually increased in size, and the pain never remitted.

On admission, all the functions of the body were in a normal condition. When in bed the left lower limb was everted and semiflexed, and was the seat of great pain when moved. The swelling in the popliteal space extended upwards and inwards as high as the junction of the middle and lower thirds of the thigh, measuring 5¼ inches from above downwards, and 10 inches transversely at the widest part. The circumference of the limb six inches above the lower border of the patella was 18½ inches, the right thigh at a similar position being 14½ inches. The skin was normal over the tumour, which had a defined border only at the lower part. An examination of the swelling yielded all the signs of popliteal aneurism. Below the knee the leg was somewhat swollen and the veins varicose; and no pulsation could be detected in either of the tibial arteries.

March 15th.—Chloroform was administered and the femoral artery tied in Scarpa's triangle with a carbolised catgut ligature. The operation was conducted under a spray of carbolic acid, and the dressings were applied on Lister's antiseptic method. The circumference of the limb immediately after the operation was 18¾ inches, but all pulsation of the swelling had ceased. The limb was wrapped in a thick layer of cotton wool, and the patient placed in bed with the limb elevated about one foot above the body.

16th.—Patient did not sleep during the night; no pulsation. At 10 P.M. the temperature had risen to 102·5°, and the left leg was a little warmer than the right.

17th.—Slept well; pain much less than before operation. Temperature 100°. Circumference 17½ inches.

23rd.—Sutures removed; no pus. Circumference 17 inches.

24th.—The wound has healed, except at the lower part where oiled lint was left in. The tumour feels softer.

27th.—All dressings discontinued. Circumference 16½ inches.

31st.—Circumference 15½ inches.

April 4th.—Out of bed for half an hour.

5th.—Limb warm. Patient complains that after getting out of bed yesterday he suffered a severe smarting pain down the front of the left leg, and has now numbness in the third and fourth toes, which are rather red, but feel quite warm. To keep to bed, and to have four ounces of brandy.

6th.—A well-marked black spot on the inner side of the fourth and on the outer side of the third toe.

8th.—No pain in the foot or tumour. The gangrene now affects second, third, fourth, and fifth toes.

9th.—Patient depressed. Gangrene has not spread. Circumference 15 inches.

About ten days after the first appearance of gangrene the line of demarcation was well formed. Three weeks later the toes separated at the second phalanges, leaving healthy clean wounds. The left thigh above the knee measures 15 inches; right, 13 inches.

The tumour hardly diminished at all in size during the next fortnight, and felt quite soft, as if containing fluid blood. There was no pulsation and no pain in it. The patient improved much in his general condition, and was able to walk about the square with crutches.

The patient was discharged at the end of May, suffering no pain, and capable of flexing and extending the leg, although some swelling still remained in the popliteal space.

LONDON HOSPITAL.

CASE OF PSEUDO-HYPERTROPHIC PARALYSIS.

(Under the care of Mr. HUTCHINSON.)

AN interesting example of the form of paralysis which is followed by increase in bulk of the muscles chiefly affected has just been discharged from this hospital. The patient was a boy, aged ten years, who had in the first instance been under Mr. Hutchinson's care in private, and who had been persuaded to come into the hospital in order that those interested in the disease might have an opportunity of seeing him.

The appearances, when the boy was stripped, were very characteristic, for, although he was quite unable to stand, and considerably below the average of lads of his age as regards stoutness, his calves stood out conspicuously, like those of a practised pedestrian. His thighs were not out of proportion to his upper extremities, but in the lumbar region the muscles projected as prominent rolls. His buttocks were moderately fleshed, but not hypertrophied in any conspicuous degree. It was the size of the calves alone which had led to the diagnosis. In some clinical remarks on the case, Mr. Hutchinson stated that the history corresponded closely with that of other examples of the same disease. Thus the boy had been healthy at birth, but throughout infancy had been observed to be weak in his legs. He was late in learning to walk, and his gait was always awkward, "waddling." For some years he had been able to go about, and play with the children, but he was never agile, and always had difficulty in rising from the sitting posture. By slow degrees his power of walking became less and less, until at length, about a year before he came under observation, he ceased to be able to stand. Throughout he never had any pain in his back or limbs. He retained perfect control over the bladder and rectum, and displayed no failure of intelligence. No history of cause could be assigned. He came of healthy family, and had two sisters who were in excellent health. In infancy whilst cutting his teeth he was very ill. His mother stated that he never had any actual fit, but that repeatedly he became so pale and faint that she thought he was dying.

As the boy lay in bed he was quite unable to turn over except by the assistance of his arms. If one knee were bent, and the limb placed with the sole resting on the bed, he was quite unable to keep it so, but at once let it fall to the side. On attempting to stand with assistance, he let his lower extremities hang dangling down loosely; but if made to press on the sole of the foot, he had difficulty in letting the heels touch the ground.

There were no eye symptoms, and the development of the genital organs seemed normal.

Mr. Hutchinson drew the attention of the students to the following features as characteristic of this very interesting class of cases:—1. That its subjects are almost invariably young. 2. That although there is often the history of weakness of the lower extremities in infancy, and late walking and "waddling" gait after they have learned to walk, the aggressive disease never really dates from infancy. 3. That the paraplegia is slow and painless, and in its early stages not attended by any increase in the bulk of the muscles. 4. That the calves of the legs, the muscles of the lumbar spine, and the buttocks are the parts in which the tendency to overgrowth is first shown. 5. That simultaneously with the overgrowth of the parts mentioned, there is usually progressive weakening of the muscles higher and higher up. 6. That the sphincters do not suffer, that constipation does not occur, and that the nerve-supply to the iris is not altered. 7. That there are no contractions of the affected muscles.

EDINBURGH ROYAL INFIRMARY.

CASE OF PERIMETRITIS AND PARAMETRITIS.

(Under the care of Dr. M. DUNCAN.)

G. P——, aged twenty-three, unmarried, was admitted to No. 16 ward on May 6th, 1873, complaining of severe pain in the lower part of the belly; worse on the right side. Patient was confined six weeks ago. A fortnight after this event she went out of doors, and from this time dates the beginning of her present illness. Ever since then she has felt the pain, which is constant unless relieved by the application of poultices. She frequently feels chilly and flushed alternately, and sweats profusely, chiefly on waking in the morning. Pulse 100; temperature 103·8°.

May 7th.—Temperature 101·8°; pulse 108. In the evening temperature 103°; pulse 108.

8th.—Abdomen somewhat prominent, but otherwise natural except in the following particulars:—The lower half of the belly is occupied by a hard, tender mass, which is bounded above by a line extending from the right anterior superior spinous process of the ilium to one inch beyond and above the umbilicus, and then vertically downwards to the pubes. This tumour manifestly projects from the pelvis. There is absolute dulness for a space about equal to the

palm of the hand above the right pubic bone. Elsewhere there is some resonance. The perineum has been completely lacerated; sphincter ani entire. The os uteri is felt as a rounded opening, very high up and far back, but no cervix can be felt here, and the body of the uterus cannot be made out. Around the os there is dense hardness, extending laterally to the bones; in front of it and in the region of the bladder the roof of the vagina is softer than elsewhere. There is some pus in the vagina. The uterine probe passes into the cavity of the uterus two and a half inches, and the uterus is found lying behind the above swelling in the hypogastrium; it is not tender. Ordered to keep poultices applied to abdomen, and an opiate to be given when necessary. Temperature 102°; pulse 104.

9th.—Perspired freely last night. Complains of the pain being very severe on the right side. Pulse 88; temperature 101·3°.

10th.—Pain less to-day. Temperature 102·6°; pulse 100. In the evening, pulse 102; temperature 100·9°.

11th.—Pulse 92; temperature 100·9. In the evening, temperature 103·4°; pulse 108.

12th.—Feels much better. Pulse 76; temperature 99·8°. In the evening, pulse 100; temperature 102·9°.

13th.—Pulse 104; temperature 102·8°. In the evening, pulse 103; temperature 102·6°. Complains of dull pain in right iliac region.

14th.—Pulse 80; temperature 99·2° In the evening, pulse 90; temperature 100°.

15th.—Pulse 100; temperature 101·8°. In the evening, pulse 108; temperature 103°.

16th.—Had severe shiverings and sweatings last night. Complains of painful throbbing in the swelling. Pulse 100; temperature 100·2°.

17th.—Pulse 92; temperature 100·8°. Perspired profusely during the night.

18th.—Pulse 96; temperature 100·4°. In the evening, pulse 102; temperature 101·8°.

19th.—Pulse 112; temperature 102·6°. In the evening, pulse 102; temperature 101·8°. A superficial abscess can now be felt in the cellular tissue at the umbilicus, and the hardness has been replaced by softness in the centre of inflammation in the right hypogastric region, where there is evident feeling of fluid.

20th.—Pulse 100; temperature 98·6°. In the evening, pulse 100; temperature 101·2°. The abscess in the immediate neighbourhood of the umbilicus opened last night, and is now discharging pus freely. The swelling in the right iliac region is pointing a little below the centre of its mass.

28th.—The lower swelling burst this morning at the place where pointing was noticed. Pus flows copiously from the opening. Patient feels much relieved.

30th.—In the right lower portion of the abdomen the area of induration is much diminished. A large amount of pus has been discharged from the abscess during the last few days, and the abdominal swelling has considerably diminished. Parametritic induration of the inguinal canal and its neighbourhood superficially can now be distinctly felt, on account of the evacuation of the perimetric abscess above and behind it. The parametritic hardening round the cervix and extending from it to the brim of the pelvis on each side is rapidly disappearing. Two leeches were ordered to be applied over the right inguinal region.

June 4th.—Discharge from abscess has almost ceased. Patient is looking better and feels stronger. Appetite good.

7th.—The openings have now healed up. There is now no tenderness on pressure anywhere in the abdomen, but there is considerable hardness, more especially in the inguinal canal and neighbourhood.

9th.—Hardness diminishing.

11th.—The roof of the vagina is now everywhere soft and without tenderness; uterus is still high up, the cervix not projecting in a natural manner. The parametritic induration has almost disappeared. General health much improved; appetite good.

It is needless to follow this very severe case of perimetritis and parametritis in its rapid progress to complete recovery of health and disappearance of local signs of past disease. The case was from the first very interesting, for its parts could be well discriminated. The parametric or cellular tissue abscess around the lower side of umbilicus was remarkable on account of its rarity. It is also striking that while there was suppuration at the umbilicus the great parametric masses in the region of the inguinal canal and around the cervix uteri and at the base of the broad ligaments did not suppurate, but softened and were resolved. The most serious part of the case, however, was the great perimetric or intra-peritoneal abscess in the right hypogastric region. That a large abscess was forming here was suspected from the first from the constitutional symptoms, the prominence, and the dulness surrounded on all sides by partial resonance. It burst spontaneously through the abdominal wall midway between the umbilicus and Poupart's ligament. The treatment consisted in keeping the woman in bed with poultices constantly applied.

BELFORD HOSPITAL, FORT WILLIAM.

CASE OF SUSPECTED MALIGNANT STRICTURE OF THE ŒSOPHAGUS; RELIEF UNDER THE ADMINISTRATION OF BROMIDE OF POTASSIUM AND THE TINCTURE OF THE MURIATE OF IRON.

(Under the care of Mr. JAMES W. ALLAN.)

ON May 31st Donald C——, aged sixty-six, attended as an out-door patient suffering from inability to swallow. The food returned, and seemed to "stick" about the epigastrium. There was pain in that region when food was taken, but the patient suffered from no other pain. The dysphagia commenced about a year ago; never vomited blood. On inspecting the chest there seemed to be a degree of bulging of left front; strong pulsation observed between the xiphoid cartilage and the lower border of ribs on the left side. Radial pulses seemed equal in force; pupils were equal. Over the situation of the apex of the heart there was heard a rough systolic bruit. Never had palpitation of the heart, but said that he suffered from cramps in the legs. Tendency to lividness of nose, lips, &c. Pulse 72; tongue clean.

The patient stated that Dr. Hutchison removed a portion of his lower lip some years ago. On referring to the hospital books, it was found that this occurred in April, 1870. The operation was performed for epithelioma, and has been very satisfactory—no return of the disease. Result very good.

He was advised to apply a belladonna plaster over the epigastrium, and the following mixture was prescribed:—Ten grains of bromide of potassium, with eight drops of the tincture of the muriate of iron, three times a day.

On June 5th, patient was improved, and able to swallow some food.

On the 12th there was a very marked improvement. The vomiting had ceased, but the patient still complained of a degree of pain and feeling of constriction about the epigastrium when he swallowed food. Said that "he could feel that the road was not very clear yet."

On the 18th patient still continued very well. Able to work; able to swallow any kind of food. Still suffered a degree of pain while the bolus was in the act of passing the spot where the food used to stick. Pulse about 60, moderately full, but inclined to pause or stagger occasionally.

It was not deemed good practice to attempt the passage of bougies in this case, either as a means of diagnosis or treatment, because it was thought, from the age of the patient and his history, that the stricture was very probably of a malignant character.

Of course it would not be prudent to use the argument *post hoc propter hoc* with regard to the patient's improvement under treatment, but it is nevertheless a fact that after taking the medicine he commenced to improve in a very striking manner. The relief is, however, probably only temporary.

TETANUS AFTER HYPODERMIC INJECTION OF QUINIA.—Two cases are recorded by Dr. Odevaine, in the *Indian Medical Gazette*. In the first case he employed sulphate of quinine dissolved in citric acid. In the second, neutral or soluble quinine, without any acid. An abscess formed in the situation of the puncture, followed by tetanus, and the death of the patients. Dr. Odevaine concludes that quinine exerts a special action on the nerves, or that paludal cachexia, against which he was acting, exerts a peculiar influence on them.

Reviews and Notices of Books.

Cooper's Dictionary of Practical Surgery and Encyclopædia of Surgical Science. New Edition. By SAMUEL A. LANE, Consulting Surgeon to St. Mary's and to the Lock Hospitals; assisted by various Eminent Surgeons. In Two Volumes. Vol. II. London: Longman & Co., Simpkin & Co., &c.

[SECOND NOTICE.]

ONE of the most important articles is Diseases of Joints, which, with that upon Excision—both by Mr. Thomas H. Wakley,—occupy ninety-nine columns, or some fifty pages, forming the third largest in the Dictionary. Nothing of any value appears to have been overlooked in the treatment of the subject, and all the researches of recent years have been carefully analysed; whilst a certain proportion of the old and valuable matter has been retained, a great deal of new appears for the first time.

The opinions of Sir Wm. Fergusson, Erichsen, and others on many of the diseases receive due weight, especially in acute arthritis from wounds of joints, and in synovitis, and we are glad to see Sir Benjamin Brodie's able description of this last affection obtain the consideration it deserves. On loose cartilages in joints we meet with the name of Bryant as an authority, as well as those of Barwell and Gross, South and Chelius. The older method of extraction is still practised with success by many modern surgeons, including Sir William Fergusson. The injection of iodine in hydrops articuli is clearly described; its success in the hands of French surgeons has been confirmed by some of our own, including Erichsen, who considers it a powerful means of cure when other methods fail, and Dr. Macdonnell, of Montreal, praises it still more highly. All the destructive diseases of joints come under the head of Arthritis, and the subject is brought up to a level with the knowledge of diseases of joints as understood at the present day. Thus the simple, acute, and chronic forms are firstly described, and after a consideration of their pathology and of the nature of the changes which cartilage undergoes, chronic rheumatic arthritis and chronic strumous arthritis are noticed. This part of the subject is very lucidly handled and made perfectly intelligible. Here again we meet with the views of Erichsen, as well as those of Barwell and Pirrie, and with the names of Rainey, Goodsir, Redfern, and Wm. Adams, not omitting Sir Benjamin Brodie, who had made the subject almost his own. Redfern's researches on the repair of cartilage are not overlooked. Robert Adams, of Dublin, obtains deserved credit for his able investigations into chronic rheumatic arthritis, as well as R. W. Smith; and chronic strumous arthritis is as fully treated as could be desired. Special sections are devoted to Disease of the Hip, Anchylosis, Hysterical Affections, and Secondary Inflammation of Joints. In connexion with these we meet with the well-known names of William Coulson, Erichsen, Brodie, Barwell, Peter Price, Hancock, Brodhurst, Skey, Bryant, and M'Dowell. In fact, the diseases of joints in this new edition form a monograph upon the subject which is full of practical and valuable information, conveying almost everything that is known to the present hour.

Excision of Joints occupies some twenty-two columns; and a large amount of information upon the subject is condensed into that space. A complete history of Excision precedes the consideration of this operation upon individual joints. From this we learn that the first operator was Schlichling, in 1742; and isolated examples occurred here and there up to the year 1825, when Mr. Syme had excised the elbow several times. Mr. Henry Park (of Liverpool), who excised the knee of a sailor in 1781, made great efforts to show the value of the operation. For the last revival of it, however, British surgeons are indebted to Mr. Syme; and for its present extension to Sir Wm. Fergusson, more especially in the larger and more important articulations. Indeed, we may say no one has performed excision so frequently as he has done, nor perhaps with the same amount of success. It is due to his perseverance in this respect that it has now become not only one of the established operations of the day in British surgery, but that it is practised by various continental surgeons, as well as throughout the United States of America, the Dominion of Canada, Australia, India, and other parts of the world. Many years hence, when sufficient material has been afforded to draw a more extended comparison between the relative value of excision and amputation, we prophesy that the testimony will be largely in favour of the former. We feel assured, too, that many who at one time opposed the operation, or looked upon it with distrust, from practical inexperience, are now its strong advocates. The shoulder, elbow, and wrist receive separate consideration; and so do the hip, knee, ankle, and tarsal joints. It would be impossible here to go into an analysis of these individually; but, on a careful perusal, we find that no one who has made himself famous by excising any of these joints, up to comparatively a very recent period, has been overlooked. We may cite, for instance, the well-known names of Syme, Fergusson, Erichsen, and Stanley; Butcher (of Dublin), Simon, Henry Smith, French, and Haynes Walton; Morris (of Spalding), Cotton (of Lynn), and Jones (of Jersey); Hancock, Holmes, Bowman, and Partridge; Buchanan (of Glasgow), Shaw, Peter Price, and Holt; Humphry (of Cambridge), Pirrie (of Aberdeen), Barwell, Gay, Statham, and others. The knee and the hip, necessarily the two most important, have a little more attention devoted to them than the other joints. The author has very properly not omitted a notice of his own celebrated case of excision of some of the tarsal bones, and quotes the opinion of such an experienced surgeon as Sir William Fergusson, as given in his "Practical Surgery," in preference to saying anything in favour of it himself. "Mr. Thomas Wakley," Sir William observes, "has even gone a step further in this most praiseworthy direction. He has removed both astragalus and os calcis at the same time, with the laudable purpose of saving the rest of the foot, and has accomplished the object in the most satisfactory manner." Since the article was written, a careful study of the literature upon this important subject does not show that any alteration of moment in the views of surgeons regarding the operation has taken place. There is, perhaps, a greater attention to the minutiæ of detail, as might be expected; and the record of a great many additional cases showing its value. Mr. Gant, in his lectures upon Excision of Joints recently delivered before the Medical Society of London, has taken some pains to prove this. Mr. Butcher, also, has published some memoirs on the subject, and the rules he recommends have been quoted by the author. Indeed, we can truly say that both Diseases of Joints and Excision of Joints are fully up to the present time in all the important information that is desired, and nothing of any importance requires to be added. We may state, without any flattery, that the subject of joints collectively is the most important article in the Dictionary.

Lithotomy has been entrusted to the experienced hands of Mr. Coulson, who, while preserving all that is now valuable in the original article of Cooper, has given the results of his own large experience, together with a careful *résumé* of all that has been doing in the subject of late years. The straight staff, the rectangular staff, Dupuytren's bilateral method, Vidal de Cassis' quadrilateral incisions,

and the modern median operation, each receive a due share of attention. Mr. Coulson, like most modern operators, recommends a limited incision of the prostate and neck of the bladder, differing in this from the late author of the Dictionary, who, following Martineau, was an advocate for the free division of those parts, and a strong opponent of the doctrines of Sharpa, the originator of the practice now generally approved. The principal novelty in lithotomy since the last edition of Cooper is the modern median operation, or Allarton's modification of the old Marian method (apparatus major). This is fully discussed, and the opinions of those who have written on the subject fairly stated. Mr. Coulson does not seem to look very favourably on the practice, or to consider it in any way safer or better than the lateral method. He believes the opinion of surgeons is becoming general that "there is nothing gained by making the incision in the limited space afforded in the median line, rather than through the much more convenient region of the ischio-rectal fossa; or by substituting forcible dilatation and laceration of the prostate for the limited incision now almost universally recommended." Mr. Coulson thinks the *high operation* should not be altogether neglected, as it enables the surgeon to extract very large calculi without the dangerous incisions and still more dangerous lacerations inevitable in such cases by the lateral operation. There can be no doubt, as Mr. Humphry (who is quoted by Mr. Coulson) observes, that "the success of the lateral operation varies greatly with the size of the stone, so much so that out of twenty cases operated on in the Norfolk and Norwich Hospital, in which the stone weighed more than three ounces, only eight recovered; whereas the dangers of the high operation do not increase in so great a ratio with the size of the stone, for of two cases where the stone weighed more than three ounces fourteen recovered."

The lateral operation of Dr. Andrew Buchanan is also described and recommended for adoption in suitable cases. It was practised with a very satisfactory result a few years since by Mr. S. Lane in St. Mary's Hospital, and is not so well known to the profession as it deserves to be.

Lithotomy in the female is treated by Mr. J. Lane, who is of opinion that the extraction of stones of any considerable magnitude by dilatation of the urethra is objectionable, as frequently inducing irremediable incontinence of urine. He is in favour, in the case of large stones, of the incision of the base of the bladder through the vagina (vesico-vaginal lithotomy), with immediate closure of the wound by sutures, as first practised by Dr. Marion Sims, and also successfully by himself in St. Mary's Hospital.

Lithotrity has been entirely rewritten by Mr. Coulson. This article is very complete and satisfactory. It is founded, of course, mainly upon his own matured experience, but it contains also a full and fair exposition of the views of Civiale, Brodie, Fergusson, Thompson, and others. We do not know where either student or practitioner can meet with an exposition of the present state of science on this important subject in a more concise form or better put together. That part of the article which treats of the conditions which complicate the operation of lithotrity, and to a greater or less extent contra-indicate it—such as enlarged prostate, atony or irritability of the bladder, renal disease, &c.,—is well worthy of attention. With respect to the question of performing lithotomy after lithotrity in cases where the latter is followed by dangerous symptoms, Mr. Coulson considers it as being far from a hopeless undertaking. He thinks that when the stone is large, and the first operation is followed by general fever, with great irritation, and violent contraction of the bladder, and this condition continues for many days, the question arises whether lithotrity should be continued at all hazards, or lithotomy be resorted to. He believes the latter to be the more prudent course. The manipulations, he thinks, would keep up, if not increase, the local irritation; inflammation of the bladder, renal disease, and purulent infection would probably set in, and the result be fatal. The foregoing observations, and also the following, which relate to renal disease, are of interest with reference to a case which has lately attracted public attention. "Disease of the kidney," says Mr. Coulson, "often accompanies calculus; the affection is sometimes manifest, often it is latent; or disease may be developed under the influence of an operation. What indications are to be drawn from the existence of renal disease in a patient labouring under stone, and what from the possibility of its being lighted up by an operation in persons predisposed to such a malady? Should lithotomy be preferred to lithotrity in cases of this kind? M. Civiale thinks that lithotrity has less tendency to exasperate any existing lesions of the kidney; yet, when we reflect on the nature of the two operations, we find it difficult to understand why this should be the case. If we select lithotrity, it should, in my opinion, be in cases where the renal disease is not far advanced, and where the condition of the bladder and the nature of the calculus lead to the conclusion that the operation may be completed within a short period."

OUR LIBRARY TABLE.

An Introduction to Pathology and Morbid Anatomy. By T. HENRY GREEN, M.D. Lond., M.R.C.P., Lecturer on Pathology and Morbid Anatomy at Charing-cross Hospital Medical School, and Senior Assistant-Physician to Charing-cross Hospital. Second Edition. London: Renshaw. 1873.—We spoke in terms of commendation of the first edition of this little manual, which we are glad to perceive have been fully justified by the success it has since met with. The second edition has been revised and enlarged, and is exceedingly well illustrated. Forty new woodcuts have been added, which have all been drawn by the artist, Mr. Collings, from the author's preparations. The chapters on tuberculosis, pyæmia and septicæmia, inflammation, and diseases of the kidney, are excellently done; indeed, the work as a whole has been most conscientiously executed. It embraces the latest views of the best writers, without being in any sense a mere compilation, for it contains the results of the author's own observations and thoughts on the various subjects. A short chapter on the preparation and mounting of specimens for microscopical examination has been added to the present edition.

Lessons in Elementary Botany. With numerous Illustrations. By DANIEL OLIVER, F.R.S., F.L.S., Keeper of the Herbarium and Library of the Royal Gardens, Kew, and Professor of Botany in University College, London. New Edition. London: Macmillan and Co. 1873.—The new edition of this excellent little volume is based upon the materials left by Professor Henslow at the time of his lamented decease. The methods employed by Professor Henslow at the University of Cambridge, and in his parish school at Hitcham, were most successful, and have been followed in the book before us, which will ensure the student a practical foundation of sound knowledge, and serve as an excellent introduction to the larger text-books on botany. The method by Type Lessons is excellent, and, as we know from experience, interesting to beginners at the same time. The student is taught to observe for himself at once, and, by means of the schedule given by way of example at page 62, he is made to register and apply his stock of information in such a way that he educates himself and acquires precision of observation and statement from the commencement. We regard this little book, then, as a good one in every way, and worthy of a place among the

very best of the valuable series of school manuals published by Macmillan and Co.

A Dictionary of Roman and Greek Antiquities. With nearly 2000 Engravings on Wood, from Ancient Originals, illustrative of the Industrial Arts and Social Life of the Greeks and Romans. By ANTHONY RICH, B.A. Third Edition; revised and improved. London: Longmans. 1873.—We need say nothing of the merits—and they are very many—of this excellent Dictionary to those acquainted with the previous editions. Mr. Rich, its author, has revised and improved his work, and it now forms a very useful book of reference for literary and scientific men and for students generally. The fact of its having been translated into the three principal languages of Europe—French, Italian, and German—proves indubitably that this Dictionary supplies a want previously experienced.

A few Notes upon the means of making a House Healthy and Comfortable. By HENRY J. LANCHESTER. London: Simpkin, Marshall, and Co. Brighton: John Beal. 1873.—This book is no doubt a good shilling's worth. It furnishes information that would tend, if acted upon, to make houses more healthy and comfortable than many of them are. But the book is not, after all, anything like so good an one as might be written on the subject.

Notes of a Course of Nineteen Lectures on Natural Philosophy. Delivered at Guy's Hospital during the Session of 1872–73. By G. F. RODWELL, F.R.A.S., F.C.S., Lecturer on Natural Philosophy in Guy's Hospital, Science Master in Marlborough College. London: J. & A. Churchill. 1873.—These Notes are, in the main, those written for the use of the students who attended the author's lectures at Guy's. They do not treat of all the subjects embraced in a course of Natural Philosophy so fully as might be desired; and we suspect the work was somewhat hurriedly put together. Figure 18 is printed upside down. Still, the Notes strike us as being very good; they are short, clear, and suggestive, and capable of being turned to account by lecturer and student alike.

ARMY MEDICAL DEPARTMENT.*

WE may take the opportunity afforded by the appearance of this Blue-book of saying something as to the professional and scientific aspects of the Army Medical Service. The volume of Reports just issued by that Department has the advantage over most of its predecessors of being smaller in size. It contains, however, relatively few papers of any special interest. Whatever may be the value, in an official sense, of a statistical report showing the health of the troops serving at home and abroad, it must be confessed that it does not form a kind of light reading adapted for the present hot weather. For purposes of reference in affording a medical chronology for the year, and data as to the relative healthiness of different stations and seasons, these statistical reports are, of course, very necessary; but they require a number of good professional papers as a set-off to the statistical details, especially when the blue cover outside is so suggestive of what may be expected inside. Instead of the elaborate papers that we too often find in these volumes, however, we should be glad occasionally to encounter contributions written in a crisp terse style, telling us what the writer himself had to say about the subject in hand. It cannot be believed that the papers in these reports are to be taken as any indication of the ability of the officers of the Department, or of the amount of work done by them. The profession in England would like to possess some definite observations and information on a variety of subjects. For example, as to the physiological effects of climate; as to the nature and varieties of the fevers met with abroad, their pathological affinities, and the modifications, if any, induced by differences of climate and modes of life in their course and symptoms. The various affections induced by malaria, direct and remote, form a study in themselves, for these occasionally, and more frequently than is commonly supposed, very closely mimic the signs and symptoms of structural diseases of the various organs induced by other causes. The exact pathology, again, of sunstroke and heat apoplexy, in connexion with the views recently advanced in America, the nature of the mental and nervous diseases so often traceable to these affections, and the correlations existing between sunstroke and those attacks of fever so common among Europeans serving in hot climates, require elucidation. There is ample room for a series of good papers on the varieties of thermal fever, with observations on the use of quinine and cold baths as antipyretics. The relation of dysentery to hepatic abscess; the exact nature of the morbid changes discovered in the aneurismal diseases of soldiers; the varieties of the so-called tubercular diseases of the lungs, their relative frequency and connexion with other morbid processes, whether antecedent or concomitant, with any observations likely to throw light upon the causes of these affections of a removable kind; the nature of the several forms of skin disease prevalent in our colonies,—all these need further inquiry. So far for medical subjects. As for surgical, army surgeons ought surely, by the nature of the service in which they are engaged, to have devised several practical expedients in the treatment of injuries in the absence of the surgical appliances in ordinary use. The civil profession look to them for records of their experience as to the forms and treatment of syphilitic disease, and opinions as to the truth or otherwise of the different views that are promulgated from time to time on the Continent and in this country. Geology, botany, zoology, and biology generally offer fields for occupation which, if rightly employed, should, one would think, afford results that could not fail to be interesting. If a medical officer would only thoughtfully peruse the recent works bearing upon the Darwinian hypothesis, and note down the various points that still require further elucidation and illustration, it is scarcely likely that he would pass through his army service without adding something to the general stock of knowledge. It is urged that medical officers have no settled homes, that they are harassed by frequent moves and minor duties of a *quasi*-professional character, that they are without the stimulus of the rewards that follow on scientific research in other walks of life, and that they are periodically engaged in a contest with the authorities in endeavouring to secure their rights. And no doubt there is much force in all this; but the time is at hand when the status of the medical service will be founded upon the scientific reputation and professional acquirements of its members. It is on their professional rather than their military position that the medical officers will have to fall back if they are to secure the emoluments and consideration of which the service stands in need. The production at the present time of a few men from the ranks of the service eminent for something is peculiarly needed. We do not want to encourage writing as a species of advertising—far from it; but what we want to see is a larger number of medical officers coming to the front with something to say, founded on honest work, and saying it tersely and well.

From a summary of the principal results relative to the health of the army at home and abroad in 1871, as compared with the average of the ten preceding years, we gather that in 1871 the annual ratios per 1000 of mean strength were—of admissions, 1020; deaths, 12·08; invalided home, 36·4; discharged as invalids, 17·9; and constantly non-effective from sickness, 44·28; while for the preceding period of ten years the ratios per 1000 of mean strength were—admissions, 1115; died, 16·17; invalided home, 35·4; discharged as invalids, 24·8; and constantly non-effective from sickness, 50·42.

Eruptive fevers were much more prevalent in 1871 than in 1870 at all the groups of stations in the United Kingdom, except the camps. The excess was almost entirely due to small-pox, which prevailed so generally throughout the year as to

* Reports for the year 1871. Vol. xiii. London: Printed for Her Majesty's Stationery Office by Harrison and Sons. 1873.

amount to an epidemic among the civil population. The troops in the camps did not altogether escape it, but there was a reduction in the admissions by eruptive fevers compared with the preceding year. The greatest number of admissions from small-pox occurred in the first, and the smallest in the third quarter of the year. London and Windsor furnished the greatest number of cases; the other stations at which the disease prevailed to any considerable extent among the troops were Woolwich, Aldershot, Warley, Devonport, Weymouth, Newcastle, and Dublin. There were altogether 213 cases admitted into hospital, of which 19 died, or 9 per cent. Besides these, 5 deaths occurred among men detached from their corps, and consequently not admitted into military hospitals. The admissions amounted to 2·3 per 1000 of mean strength, and the deaths to ·24 per 1000, including detached men. The cases are all stated to have borne marks of vaccination, except one recruit who had just joined. We believe that these results are not yet so satisfactory as they might be; on the contrary, we feel convinced that if vaccination and revaccination were efficiently and thoroughly carried out in the army, small-pox would be abolished from the list of army diseases.

Continued fevers did not differ greatly from the results of the preceding year. There was an increase in the admissions at the dockyards and arsenals and the camps, chiefly in cases of febricula; and a slight decrease at the other groups of stations. Enteric fever was more fatal than in 1870 at the camps and remaining stations: the excess at the former was chiefly at Aldershot, which furnished 28 cases and 7 deaths; and at Mullingar there were 18 cases admitted, with 2 deaths. Four cases of cerebro-spinal fever were reported: one at Dover, which recovered; and three at Aldershot, all of which proved fatal.

We would strongly advise anyone sceptical of the beneficial results of the Contagious Diseases Acts in operation at various military stations, to turn to pages 8 and 9 of these reports. The evidence is of an irrefragable kind, and it outweighs in our opinion, especially if taken in connexion with the great moral results that have been already achieved at several garrison towns and camps, any amount of theoretical objections to what has proved in reality a beneficent piece of legislation.

Section V. of these reports—on the recruiting of the army—will probably be referred to with interest at the present time. During the year 1871 the total number of recruits examined by military and civil medical practitioners amounted to 36,212. The rejections amounted to 12,014, being in the ratio of 331·8 per 1000 inspected. Compared with the results of 1870 there has been a considerable increase in the proportion rejected at the head-quarters of recruiting districts for muscular tenuity and debility; and there has also been an increase for impaired constitution and general diseases. A better class of recruits, as regards physical development, is obtained apparently at the regiments and depôts than at the head-quarters of recruiting districts. Whilst we are upon this subject of recruiting, it may be parenthetically remarked that the statements recently made in the two Houses of Parliament regarding the issue of some instructions about the retention of men of deficient chest measure, were exactly paralleled by what took place on a small scale in regard to the memorandum on the Army Medical Warrant. The Secretary for War repudiated all knowledge and responsibility, whereupon the Duke of Cambridge, on his part, equally refused to have any responsibility attached to him in regard to the retention of "weedy" recruits in the service.

But we have already exceeded our limits, and must content ourselves by saying that Prof. Parkes's Report on Hygiene for the year 1872 epitomises nearly all that has been done in that direction, both at home and abroad, and that it contains much interesting matter in regard to cholera and the latest discussion in Germany on that disease, as well as much information in regard to the "bacteroid origin of disease." Among the principal papers we may refer to—cases from the Necrological Register of Netley, by Mr. Welch, Assistant-Professor of Pathology, a report by Dr. Barclay on the causes of enteric fever at Bangalore; notes by Surgeon-Major Fitzgerald on traumatic diseases, and on acute inflammation of the bones and periosteum, occurring amongst the wounded in war, with several others contributed by various members of the Army Medical Service.

Foreign Gleanings.

FORMATION OF OXALIC-ACID CALCULI.

In connexion with a case of nephro-lithiasis observed in a little girl aged seven, who had passed two calculi of oxalate of lime with a uric-acid nucleus, Dr. Max Seligsohn is led to admit that oxalic acid, when not introduced into the organism with food, is the result of decomposition of nitrogenous substances which, through imperfect oxidation, have not been transformed into their final term—namely, urea. The etiological conditions of this arrest of oxidation are especially to be found in pathological processes, accompanied by diminished activity of heart and frequency of pulse, in diseases of the nervous centres. The author refers to statements of Valentiner, who has found leucin in the urine of an epileptic subject, and to those of Williamson and Liebig, who have shown that urea is found in the results of decomposition of oxamide. He therefore concludes that oxalic acid is a degree of oxidation inferior to urea.—*Centralblatt für die Med. Wissensch.*, No. 23, 1873.

DRESSING WITH MAGNESIA.

Dr. Ohleyer advocates, in *Allgemeine Med. Cent. Zeitung*, No. 47, 1873, the use of magnesia, which he has found very successful in the dressing of certain ulcers when fermentative processes retarded healing. Magnesia neutralises the acids present, prevents the access of oxygen to the surface, and protects the granulations. The author especially applies it to (1) atonic ulcers; (2) cases in which the skin is without epidermis and in which there is danger of suppuration; (3) inflamed and painful sores; (4) wounds which require to be stimulated or to be withdrawn from the influence of air, or in which suppuration should be diminished or modified. Dr. Ohleyer has also used magnesia with good results in erysipelas of the face, as an isolating substance.

CHLORIDE OF POTASSIUM IN EPILEPSY.

Dr. Lander uses chloride of potassium instead of bromide of potassium in epilepsy. He mentions the following advantages in the employment of the substance:—It is more active, is but one-sixth of the cost, and has not the secondary effects of the bromide. He begins with small doses, but has been able to continue the use of the substance for months without any inconvenience, in daily doses of from one drachm to a drachm and a half. According to Dr. Lander, bromide of potassium is transformed into the chloride in the stomach. This is, therefore, an additional reason for prescribing it at once in this latter form.—*Scalpel* (Belgium).

TREATMENT OF CHILBLAIN BY ELECTRICITY.

Dr. Santopadre makes known, in *Gaz. Med. de Provincie Venete*, a means which he has employed with success for the treatment of chilblain—namely, electricity. He makes use of Gaiffe's electro-magnetic apparatus, and of a current of middling intensity. The positive pole is placed in the neighbourhood of, and a little above, the inflamed spot, and the negative pole to the inflamed spot itself. The sitting lasts about ten or fifteen minutes, and is repeated if necessary the following day. Generally after the very first sitting the itching ceases and the pain is much abated. After the third or fourth sitting recovery is complete.

HYSTERIC ANOREXIA.

In an able memoir published in a recent number of the *Archives Médicales*, Professor Lasségue investigates the above interesting subject. The author describes the various symptoms of the disease, based upon the observation of eight cases. Dr. Lasségue, in concluding, insists on the important part played in certain forms of hysteria by the mental disposition of the patient, and on the intimate relation between hysteria and hypochondria.

ARSENICAL ULCERATIONS ON THE ANUS.

Case recorded by Dr. Wintrebert, of Lille, in *Bulletin Médical du Nord*. The lesions were brought on by the local use of a green paper (intended for bills), and which had been dyed with arsenite of copper. They disappeared on the patient ceasing the use of the paper

THE LANCET.

LONDON: SATURDAY, JULY 12, 1873.

WE regard the recent election at the College of Surgeons as in every way satisfactory. Sir JAMES PAGET is too great a tower of strength to the College to be easily spared, and, moreover, his election to the office of vice-president was imminent; and for these, if for no more personal reasons, his re-election was a matter of course. Mr. HAYNES WALTON'S position, so far ahead of the other untried candidates, was due in part, no doubt, to the personal regard of numerous friends, and partly to a reaction against the efforts made in certain quarters to damage his position. Mr. SOUTHAM'S election must be gratifying to those gentlemen who exerted themselves to travel long distances in order to record their votes in his behalf, and to the considerable number of metropolitan Fellows who are happy to welcome a country councillor who is ready to do his duty fully. We are extremely glad that the provincial medical schools should be fairly represented in the College Council; but we cannot forbear pointing out that no amount of representation will induce either the Council or the public to regard them as thoroughly efficient unless the returns of passed and rejected candidates in each year fully bear comparison with those of other institutions. The difficulties Mr. SOUTHAM will have to contend with will be the impossibility of serving on College committees; and as these prepare and digest much of the business which comes before the Council, it will be particularly difficult for him to keep *au courant* of all the business in hand. Mr. MARSHALL'S return we cannot but view with mixed feelings. As an examiner, we should have preferred him to have been outside the Council, and we fancy the opinion was shared by many of the electors; but we have no doubt he will do good work as a Councillor—an office to which his seniority and reputation fully entitle him. Mr. MARSHALL, having the smallest number of votes, becomes the substitute for Mr. CHARLES HAWKINS, and will have to retire in his stead next year—doubtless, to be re-elected, as was Mr. HANCOCK in 1864.

Of the unsuccessful candidates, it need only be said that they "live to fight another day." Mr. COOPER FORSTER was so close to Mr. MARSHALL that a dispute arose as to a reputed "tie"; and he, doubtless, will be returned next year. Mr. SAVORY is probably convinced now that we were right in terming his candidature premature, though he may fairly enough aspire to the Council on another occasion. The amount of support received by the remaining candidates was not such as to encourage them to renew the contest.

A question which is brought before our readers in a letter from Dr. MORRIS of Spalding, and which was touched upon by another distinguished provincial surgeon, Sir J. C. BURROWS, at the Fellows' dinner, is the giving a vote by proxy to country Fellows. It is unquestionably hard that busy men should be obliged to sacrifice a day and incur some direct expense in order to exercise their franchise; and we should be glad if some mode of relieving those living beyond a certain distance—say fifty miles—could be devised. The College Charter of 1843, in its 17th section, provides that the election of councillors "shall always be by ballot, and be decided by a majority of balls or votes"; and there is nothing in this, it appears to us, to prevent the signing of proxy papers and their presentation by a duly authorised person. With the example of Oxford and Cambridge before them, the Council can have little difficulty in obtaining the necessary machinery if they find they have legally the power to admit proxy votes.

There is one view of the question, however, which Dr. MORRIS and other Fellows by examination who think with him must not forget, and that is—that, whereas at present the greater number of voters annually are Fellows by examination (on account of their taking a greater interest in College politics, and being connected with the various hospitals and schools), if the vote by proxy is accorded, every gentleman who has paid his ten pounds to be elected a Fellow under the Charter of 1852 will have as active a part in the election as themselves, and this will, we fear, tend to create an organised system of canvassing much to be deprecated. The Calendar for the present year shows the numbers of Fellows to be as follows: of the original creations there remain 182, and there are now on the list 446 Fellows by examination and 692 by election—a number more than sufficient to carry any election into the Council.

MR. HEADLAM has withdrawn the Medical Amendment Bill, and in doing so has shown much discretion. It has long been evident that no interest was felt in the measure by the profession, and even less by the House of Commons. We have never concealed our opinion that the Bill was utterly unsatisfactory, and incompetent to remedy the evils which were either created or continued by the Act of 1858. It was not to be expected, however, that Mr. HEADLAM, who was a chief author of the Act of 1858, should see at once all its faults and defects. He would naturally believe that its virtues were very great and its faults very easily remediable. It cannot therefore surprise anyone that he brought in a Bill aiming at little more than compelling the conjunction of examining bodies which by the Act of 1858 were empowered to combine, and adding six members to a Council already large and costly. We give Mr. HEADLAM credit for perceiving now that the time has come for a more complete measure, and that, if such an inadequate Bill as the one he has brought forward this session is to pass, it must be on the responsibility of the Government.

It is far better that a year or two should be lost in this matter than that permanence and legislative sanction should be given to bad arrangements. It is possible that before another parliamentary session we shall see one or two Conjoint Boards in operation, charging for their diploma a sum double that which is charged by the conjoined Colleges of Scotland—a sum at least double what is required to defray the expenses of mere examination. The results of these experiments will be instructive to all who wish to see this question settled in a satisfactory way. Not only is there this advantage in delay, but there is another. The dis-

cussion of the subject is gradually extending, and is characterised by more thoroughness than in 1870, when a Bill like the present was brought in by the Government. This year *The Times* has contributed a very able leader to this discussion, pronouncing strongly on the injustice and unwisdom of complicating the establishment of three examining boards by an attempt to continue all the emoluments and all the privileges of the present nineteen, and pronouncing equally strongly against the present Medical Council as too large, too costly, and too representative of "interests." This week we notice in another page an article in *Macmillan's Magazine* on the same subject. We do not hide our conviction that the satisfactory settlement of the question is beset with difficulties which, even to a Government, will be very great, so great that a short cut may be taken, like that taken in 1870. But we are equally convinced that legislation of such a character could be neither satisfactory nor permanent.

In taking leave of Mr. HEADLAM'S Bill we may venture to express a hope that he will reconsider the whole question of Medical Reform. The name he bears is suggestive of one of our most honoured provincial physicians, though now no more; and Mr. HEADLAM'S relation to the Act of 1858 is one of the most creditable parts of his parliamentary career. If he can liberate himself from the old ruts of medical politics and frame a Bill which will give the public and the profession three good examining boards, and a more satisfactory Medical Council, he will perpetuate the honour of his name and gain the gratitude of the profession.

CHOLERA has undergone but little extension, so far as news of its movements have reached this country, since our last notice of the progress of the disease a fortnight ago. The malady has appeared in the town of Dantzic, and it has shown itself in the north-west of Italy; but elsewhere, with the exception of a few cases in Vienna, it does not seem to have travelled much.

In Dantzic two cases were reported on the 26th of June. In Italy the disease first showed itself, in the province of Treviso, on the 31st of May; and from that date to the 21st of June twenty-four cases were reported, of which about half the number died. Twenty of the cases occurred in the communes of Molta de Lavenga and Cassalta; the remaining four were reported one in each of the communes of Molina, Carbonara, Melina, and Casale del Sale. Within the same period two cases occurred in the province of Venice: one at Portoguaro, and one at Teio. A telegram from Venice, dated the 9th inst., states that cases have occurred in that city. The Government of Italy has adopted the most energetic measures for the arrest of the malady.

Cholera, doubtless, extended into the province of Treviso from Hungary; and we shall probably learn at some future time that there has latterly been an extension of the malady into Carinthia and Carniola. For several weeks returns of the progress of cholera in Hungary have been suppressed, and there has not been any very definite information as to the state of the disease there since the beginning of May. At that time the following districts are known to have been infected, cholera being more or less actively prevalent in them:—Pesth-Ofen, Kaschau, Eperies, Abanje, Berdge, Gomor, Honth, Neograd, Saros, Torna, Zemplin, and Zips. These districts are situated in north-eastern and central Hungary. Three weeks ago the number of cases of cholera occurring in Pesth is believed to have averaged five or six daily.

In Vienna, according to the Austrian correspondent of *The Times*, under date of the 4th July, eight fatal cases had been reported to the authorities up to the 1st July; and these deaths, with two exceptions, occurred among strangers living in hotels. Our private information states that five or six cases, all fatal, had occurred in hotels, and about double that number of cases in the city. The latter cases took place during the second week of June. There would seem to be some question as to the nature of some of the cases; and of those admitted it is said that several of the sufferers had only been a few hours in Vienna, coming there from places—as Dantzic—where cholera was known to be present.

On the Lower Danube cholera does not seem to be spreading to any marked extent, according to the latest news. Indeed to the present moment the disease has not shown signs of wide migration anywhere in Europe, and we are still hopeful that we are watching the fag-end of the diffusion which began in 1869. But as that diffusion, according to Russian physicians, was developed out of the fag end of the epidemic of 1865–67, there is not the less need of being watchful and prepared.

Detailed accounts of the reported cholera outbreak in America are still wanting.

IT is now definitively known that the first Metropolitan Hospital Sunday has produced an aggregate sum of £27,000. Comparisons are useful between results which are fairly comparable, but as regards the Hospital Sunday movement there is this difficulty in estimating its success relatively in different places, that the areas involved are mostly quite perplexing. For example, we speak of the Metropolitan Hospital Sunday, but practically the collections on the 15th of June extended far beyond the metropolitan area, with its three millions and a quarter of inhabitants; and it would be no easy matter to arrive at anything like an accurate rate of contribution over the area actually embraced. It was in this way that the *Spectator* was misled the other day into making an estimate for London on the basis of a supposed contribution by the city of Carlisle of £800 from a population of 30,000; the fact being that the city of Carlisle (which does contain 30,000 people) only raised some £200, the remaining £400 having been gathered over the whole of the counties of Cumberland and Westmoreland. We will not say, then, whether London has done better or worse than other places. The result, at any rate, is so far good that moderate expectations have been realised, if more sanguine ones have not; and there are good reasons for believing that next year, with improved organisation, a considerable advance on this year's amount will be obtained.

The *Saturday Review* has been moved to exert its influence in endeavouring to discredit the Hospital Sunday movement. Its article of Saturday last on "Hospitals and

Charity" appears to us to be singularly inconclusive in argument, while certainly taking a very narrow, not to say unfair, view of the question. It pleases the *Saturday* to speak of the concerted almsgiving on Hospital Sunday as "bastard benevolence," enabling a man to "settle accounts with his conscience" by giving a lump sum of shillings or sovereigns without troubling himself about the respective merits of the different institutions to be benefited by his alms. In this passage, as in others, it is taken for granted that a complete disruption of the personal relation now existing between a particular hospital and its subscribers will follow as a matter of course; but this is mere assumption, and is directly opposed to the experience of Birmingham and other places. Besides, of what use is this personal relation to the subscriber if he is only able to exercise "a fitful and imperfect influence," leaving the hospital to which he gives his money "practically free from any kind of check or supervision"? A man must have an odd sort of conscience if he can feel better satisfied at having given a subscription to an institution, which, for aught he can tell or can help, may be grossly mismanaged, than in entrusting it to a body expressly chosen for the purpose of seeing that it is wisely and in a more useful manner applied than any individual could do for himself.

No doubt it is possible that the administrators of the Hospital Sunday Fund may perform their duty in an unsatisfactory manner; but considering the principle upon which the Distribution Committee has been chosen, and the character of the individuals composing it, there is not the slightest warrant for assuming such as a probability. And it is pure nonsense to talk of this Committee as "an irresponsible body of administrators," who can make ducks and drakes of the Fund if they like. They are most certainly responsible to the Council and to the public, who will watch them jealously enough, and there can be no doubt that, if they fail to give satisfaction, they will have to make way next year for better men. Nobody can surely pretend to believe that, in this respect, the new organisation does not give a better guarantee against mismanagement than is now possessed by any individual subscriber in respect of a particular institution.

The *Saturday Review* seems to think that Hospital Sunday will result in releasing the hospitals "from the very small amount of responsibility and control to which they are now subject." We, on the contrary, believe that, if properly carried out, the movement will in the end bring every hospital which participates in the distribution of the Fund under a control likely to be the most effective ever yet devised for ensuring economical management at any rate. The Distribution Committee will have before them the reports and balance-sheet of all the institutions which claim to participate, and by these data they will be guided in fixing each institution's share. Such an overhauling as this is, we fancy, without precedent in modern English hospital history; and unless we choose to believe in "cooked" accounts, which we do not, the inference must fairly be that each institution will simply have to stand or fall by its own merits or demerits.

We invite the *Saturday* to suspend its judgment for a while, and not to condemn beforehand an experiment which, having been successful everywhere else, may turn out equally so in London.

In conclusion, we may remind our contemporary of a fact concerning which there is the most utter oblivion in the article we have been referring to—namely, that hospitals which are also medical schools have not for their object to provide "cheap education for professional men." Their object is to provide an education which, quite irrespective of its price, would be absolutely unattainable in any other way; while any advantage which medical men derive therefrom is reaped to the full by the public in that improvement of the medical art which directly benefits the community as much as—nay, some amongst us hold more than—it does the profession. A not very creditable sneer about the education of medical men being "made a matter of public charity" admits of the retort that, as charity ought to begin at home, and since the services of medical men are essential at some time or other in everybody's home, the relation would not be altogether a foreign one if it existed. That medical education is a matter of public interest, which is the right way to put the case of the hospital medical schools, the *Saturday* will hardly dare to deny.

BARREN as the current session has hitherto been in imperial legislation, it has proved yet more so in domestic. Indeed, with the single gratifying result of having rejected Mr. FOWLER'S Bill for the Repeal of the Contagious Diseases Acts, we doubt if the summing up of the session of 1873 will include any substantial addition to the Statute-book. And yet there were many problems pressing for immediate, were it only provisional, solution. The Public Health Act, than which there is no topic of deeper or more vital interest to the community, must remain in its inchoate condition for another session, despite the hoisting of the sanitary storm-signal in various directions—notably in Eastern Europe. The Medical Reform Bill, another subject of wider than professional interest, must also stand over till it suits the Government to recognise the importance of sound qualification on the part of practitioners and of the class from which public health officers will have to be drawn. The Adulteration of Food Act must also continue to be to some extent practically inefficient; while the shelving of Mr. PLIMSOLL'S Bill for the safety of the seaman is quite in keeping with the whole tenor of a policy which would justify Englishmen far more than their Irish neighbours in clamouring for "home rule."

One of the most vexing *lâches* of the Government in its domestic administration has yet, however, to be mentioned. Mr. DALRYMPLE'S Bill, which was to have come on for the second reading on the 11th ult., is indefinitely postponed. After the withdrawal of his proposition for the establishment of refuges for the drunkard—a step which he was prevailed upon to take only by Mr. BRUCE'S promise to grant a Select Committee to inquire into the subject,—he was entitled to expect that with the conclusion of that Committee's labours something definite would be done. An amount of evidence had been accumulated, at Mr. BRUCE'S own instance, which rendered legislation not only justifiable, but imperative. The Committee's report had proved the

prevalence of a "very large amount of drunkenness among all classes and both sexes which never becomes public or is dealt with by the authorities, but which is probably even a more fertile source of misery, poverty, and degradation than that which comes before the police courts." All the witnesses before the Committee concurred strongly in urging the necessity of legislating for such cases; while some witnesses expressed their surprise that dipsomaniac asylums should be so rare, and that no means existed of treating chronic drunkenness as a cause of irresponsibility, or as a form of insanity. The conclusions independently arrived at by the Committee were confirmed by the experience of Mr. DALRYMPLE and others from their survey of American and Canadian practice in dealing with the drunkard. Wholly or partially supported by the State, institutions for the admission of inebriates, either voluntarily or by the intervention of their friends, have been in operation for the last ten years in both communities. Since their establishment, 5959 persons have been entered as inmates; and of these, 5515 applied for admission voluntarily, 144 by the interference of relatives, and 214 were committed by the justices. Of the aggregate number, 2018 (or nearly 34 per cent.) have been cured—cured in as satisfactory a sense as a careful inquiry into the subsequent history of each case could establish. At Edinburgh and in Derbyshire institutions similar to those of Canada and America have been tried, after the attempted treatment of dipsomaniacs in private houses had failed; and such has been their success that the Committee felt still further strengthened in their opinion that the establishment of such asylums should be general over the country.

In spite of this authoritative and concurrent testimony, however, Mr. BRUCE, afraid, as it would seem, to touch any subject affecting liquor or its abuse, had to inform Mr. DALRYMPLE that there was no chance of the Government doing anything in regard to his Bill this session. The right hon. gentleman had no fault to find with its provisions; it had his approval rather than otherwise—as it surely deserved after the unanimous approval of his own Committee in its favour; but it shared the common fate of all measures having to do with the public health. We must wait, we fear, for a change of Government before the sanitary and social interests of the public receive their due meed of attention! Certainly, if our Irish neighbours wanted to be avenged on us for what they deem our oppressive rule, they could not have chosen a more effective *modus operandi* than by forcing on the Government a premature solution of their own "difficulties," to the exclusion of those great social and sanitary measures the neglect of which still costs the lives of thousands and stereotypes misery in innumerable homes.

THE writer of a letter in *The Times* of the 9th inst. asserts that, notwithstanding the strenuous denial of the *Neue Freie Presse*, several cases of cholera have occurred at Vienna; he further states that all accounts of epidemic sickness are systematically suppressed in the public papers, through the fear of injuring the Exhibition. We regret to have to state that the public health of Vienna is very bad, and would warn all who intend visiting that city to take every possible precaution to avoid infection.

Medical Annotations.

"Ne quid nimis."

CHOLERA-PRECAUTIONS.

THE Medical Officer of the Local Government Board has sounded a note of warning which we trust will take effect in every household in the land. Cholera, it is feared, is on the march to our shores, and the adoption of the most approved precautions against its attack becomes the bounden duty not only of the public but of the individual. Medical opinion has gradually reached something like unanimity on this point—namely, that cholera, in England at least, is so little contagious that under reasonable care it will hardly spread even to those who nurse or closely attend upon the sick. The "reasonable care" referred to consists in the prompt removal, disinfection, and, indeed, the chemical disintegration of all matters which the sufferer from cholera or even choleraic diarrhœa discharges from his stomach and bowels. Particles of such matters can so taint the drinking-water, the air, or the food of the people, as to sow the seeds of the malady; hence the paramount importance of neutralising these matters the instant they present themselves. Let no choleraic discharge be cast into any cesspool or filth-conduit without previous thorough disinfection. Let bedding, clothing, towels, and such things as are apt to become imbued with choleraic discharges, be in like manner disinfected. Let no well or source of drinking-water receive the smallest soakage from drain or cesspool or from the casting out of slops or wash-water. Unfortunately the community cannot rely on its individual members carrying out intelligently and religiously these precautions, and therefore it becomes necessary to subject to immediate and searching examination the sources of water-supply wherever the slightest suspicion as to their purity exists. Simultaneously house-refuse and other filth accumulating in neglected places should be removed, immediately and thoroughly; while washing and lime-washing should be practised again and again on all uncleanly premises. Wherever there is filth-sodden porous earth, disinfection should be employed freely and often. The Water Companies, irresponsible as they are, should yet remember how many lives are in their hands—nay, how many lives have been lost by the neglect of adequate and easily-executed precautions against the pollution of their commodity. But the local sanitary authorities, urban and rural, representing the will of the local rate-paying population, must not fail, for such time as is now permitted them, to justify the trust reposed in them by the Legislature for the protection of the public health. Above all, let it be remembered that no amount of sanitary care, on the part either of the public or of the individual, can ever be superfluous, not only for the prevention of cholera, but for the anticipation and arrest of other epidemics. The "hygienic habit," as it has been called, is one which the community, the household, or the person cannot be too early or too thorough in acquiring. Only under such conditions, carried out collectively and individually, will England adequately defend herself against the mysterious invader now hovering on the horizon.

RECRUITING IN FRANCE.

DR. PARKES's Report on Hygiene in the recent Army Medical Blue-book contains some interesting information culled from the numerous publications which the great war of 1870 has produced. The Franco-Prussian war has not been without its effect on French military literature. Astonished by the failure of their army and by its evident inferiority to the German, the French have turned with

ardour to the discovery of the causes. They are evidently now seeing, says Dr. Parkes, that it is safer to magnify shortcomings than to conceal them, and that the explanation of failure which is most pleasing to one's self-love is not generally the right one. Their military writers are turning back to the ancients, and especially to the greatest military nation the earth has seen, for lessons in war, and are seeking in the records of old Rome the precepts of discipline, foresight, and unwearied preparation which are to regenerate the humbled power of France.

Dr. Morache, in his "Considérations sur le Recrutement de l'Armée," gives reasons for believing that the French race is not degenerating—that it is, on the contrary, improving in physical power, and that it can furnish soldiers sufficient in number for the defence of the honour and independence of France. Morache considers that 1000 young men will now give 580 good soldiers, 70 will have defect of stature, and 350 will be unfit from infirmity.

By the law of the 27th July, 1872, the minimum stature for the French army is 1 metre 540, which is nearly 5 inches below the French infantry minimum of 1792, when the grand levy was made. But the mean height is much above this, and had not lessened in twenty-eight years, between the conscriptions of 1836 and 1864. On comparing the conscription in France with Prussia, the rate of exemption for physical inaptitude—defect of stature and infirmity—is only 35·16 per cent., while in Prussia it is 47·40 per cent. At the same time Morache points out that there are various points in which France presents some striking and unfavourable contrasts to Prussia. The population of France doubles itself in 108 years, that of Prussia in 54. This is not owing to increased mortality, but to differences in the birth-rate of the two countries. The causes of the deficient birth-rate of France are thus set forth by Morache:—

"The development of the public wealth, which has for a direct effect the increase of the mean duration of life, and the continually increasing luxury, have established in France the deplorable habit of limiting the number of children in marriage. In vain morality and religion seek to combat these pernicious ideas; they appear to augment every year; they tend especially to gain in the rural populations, who seem no longer able to resist the contagious example of the people of the towns. People marry late because they wish to have an established and well-assured position, because they do not wish to fall into poverty (*se mettre dans la misère*), and they desire to have few children in order to leave to each a good patrimony. Certain philosophers call this immorality 'paternal foresight,' without confessing that it leads to the moral downfall of the family and to the diminution of the population of the country."

In these few sentences, adds Professor Parkes, the causes arising from the laws of inheritance and from the too great yearning for material comforts and luxuries are clearly shown, and make us fear that Morache is perhaps too sanguine in believing that the male population of France is improving in the qualities which render them fit for war, and that it is indeed time that they sought in the history of Roman writers for the lessons which alone can render them able to resist the pressure of the rapidly-increasing, hardy, and educated population of Germany.

THE MEDICAL EVIDENCE IN THE TICHBORNE TRIAL.

THE chief interest which attaches to the medical facts connected with this trial is in the evidence they afford of the great change which has come over medical practice in the last twenty years. We have the fact certainly established that Roger Tichborne was a weak and rather sickly young man, with delicate lungs, and that one cause at least for his undertaking a tour to South America was the benefit of his health. Notwithstanding all this we find that his ailments were treated in a manner which to us moderns seems frightfully heroic. Who, in the present day, would think of bleeding such a subject from the arm, the ankle, and the temporal artery? Then, again, we are reminded of that obsolete form of counter-irritation, the "issue." How many among us, even of some standing, have ever seen an issue used, and how many students would be plucked at the next College examination if they were "taken on" on the subject of issues? We recall a curious epitaph bearing upon this subject, which "runs" as follows:—

> "Here lies Mrs. Elizabeth Pegg,
> Who never had *issue* except from her leg;
> And yet this old lady was so very cunning,
> That while one leg stood still, the other *kept running*."

On the subject of the non-disappearance of scars with age, all authorities are now agreed. If the true skin has ever been cut or destroyed, the resulting scar never disappears, no matter how long the person survives, nor how small the original wound may have been. Of course, as the skin loses its elasticity with age, the scars become hidden amongst the wrinkles, but if they are looked for carefully, and with the aid of a lens, some evidence of them is surely forthcoming. We have, again and again, seen the marks of cupping which have existed half a century, bearing all the traces of the incision of each blade of the scarificator. The report of the evidence in the daily papers is also interesting as showing the wonderful way in which medical terms are misunderstood and misapplied by the general public, and how careful medical witnesses ought to be in the use of technicalities, unless they choose to run the risk of appearing to talk nonsense. For example, Mr. Holt is made to say that the defendant had not upon him any marks of *vivisection!* We trust not, although it is almost a wonder that the Attorney-General's cross-examination last year (which was a sort of moral vivisection) left no marks behind. What Mr. Holt really said was, we suppose, "venesection," the technical expression for bleeding from a vein. We think it was at the former trial that one of the medical witnesses had occasion to speak of the *commissure* of the eyelids, a term which the ingenious reporter twisted into *connoisseur*. We remember one other instance, still more absurd, of a witness giving evidence before a coroner that the deceased had suffered from *traumatic delirium*. We can judge of his delight when he read next morning in the paper that "Mr. So-and-so, the surgeon in attendance, gave evidence that the deceased, after his injury, had suffered from *aromatic delirium*."

CONTRIBUTIONS TOWARDS THE ANATOMY OF THE SLOTHS.

As we had occasion to point out last summer (THE LANCET, Aug. 3rd, 1872), any contribution towards the anatomy of any of the genera of the Edentata is of great value, as possibly affording some clue to the real affinities of animals which, though classed together in one order, differ so remarkably *inter se*.

In the current number of the *Journal of Anatomy and Physiology* are two communications on the anatomy of the sloths—the first, by Professor Flower, on the carpus of these animals; the second, on their placentation, by Professor Turner. It has been hitherto generally held that the supposed absence of the trapezium from the series of carpal factors in the sloths, as well as in the megatherioids, their former representatives, is due to a coalescence of this bone with the scaphoid. After examination of young specimens of the two-toed sloth (Cholopus didactylus), Prof. Flower has arrived at the conclusion that the proximal of the three elements, all of which were supposed to enter into the composition of the first metacarpal bone, instead of pertaining

to this bone, is in reality an independent ossicle—the trapezium. Professor Turner's memoir, read before the Royal Society of Edinburgh, and at present published only in abstract, is based upon the examination of a fresh gravid uterus of Cholopus Hoffmanni—that variety of two-toed sloth which has only six cervical vertebræ. The placenta consisted of about thirty discoid lobes aggregated together, and occupying the greater part of the surface of the ovum, and which, when peeled off the placental area of the uterus, brought away with them a layer of "decidua serotina." The intra-placental system of maternal sinuses was of especial interest, as it "presented a gradation between the capillary network of the uterine mucous membrane occurring in the diffused placenta of the man or the cetacean, and the freely anastomosing cavernous maternal blood-spaces seen in the highly concentrated human placenta." The fœtus, which lay in an amniotic cavity devoid of fluid, was invested by a special envelope like that described by Welcker, under the name of "epitrichium," as covering the fœtus of the three-toed sloth. Prof. Turner concludes that in the sloths the placenta is not cotylidonary and non-deciduate, as in the Ruminantia, but "in the fullest sense of the word deciduate." If, then, the placental system of classification is to be of any value, the non-deciduate, scaly ant-eaters (Manis)—granting that the inference drawn by Huxley from Sharpey's description of its placenta be correct—can no longer be grouped along with the deciduate sloths in the order Edentata, but must find a place in some special subdivision.

PROFESSOR YOUNG ON MEDICAL REFORM.

A PAPER on Medical Reform by Professor John Young, of the University of Glasgow, appears in the July number of *Macmillan's Magazine*. Professor Young sets forth the evils of the present system of licensing by nineteen bodies of very different character, and whose examinations are very various in point of stringency and cost. He also shows that a State licence, which he advocates, would interfere with the pecuniary interests of the corporations, as well as of the universities and teaching bodies. He proposes—as far as we follow his reasoning, which is not at all points close or clearly expressed—the institution of a State Board, as a measure binding upon the State, whose duty it is to protect the public from incompetent practitioners. The way in which he proposes to deal with existing interests is novel. He would have the State compensate the corporations pecuniarily for the loss of income accruing from their examinations, and he would assign to them the duty of electing the State Board of Examiners. The State might then entirely set aside the nineteen bodies altogether in favour of the new one—that of the State Board. But at this point Professor Young intervenes with a suggestion which would have come with more weight from him if he had been entirely unconnected with a university. He proposes that the universities and the State shall co-operate; that no one shall be admitted to the State Board without a certificate from a university or a school. Professor Young says:—

"Should the State Board licence in any case be sufficient? If it were, the State would not merely supersede the licensing bodies—it would compete with the universities as teaching bodies which grant degrees. For this reason it seems desirable that, notwithstanding what has been said, the teaching bodies should have a secured position. Either no candidate should be admitted to the Licensing Board without a university degree, or the registration of the licence should be contingent on his afterwards obtaining such a degree. The former is probably the better plan," &c.

Professor Young thinks this arrangement necessary in the interest of science and of education which the universities represent. According to this view, the State Board has to sit in judgment on the graduate and to do no more than sanction the registration of his already acquired title, registration being the sign of licence. It will puzzle outsiders to understand how a university examination imposed "in the interest of education and science" should need the subsequent test of examination by a State Board, and the justice or expediency of requiring all applicants for a licence to practise to take a university degree. Professor Young will, we hope, reconsider this question, and put before the public a more clear statement and a more feasible scheme. The State would act imprudently in exacting a university degree from all practitioners who seek its licence. And we do not see that the universities need fear the establishment of a Board of Examiners entirely independent of themselves. Moreover, we see great objections to a State Board elected by the corporations. Such a Board should be something distinct from the corporations, and would be a new institution of great interest and power in the profession as well as in the State.

DRUNK OR DYING?

WHETHER a person found insensible in the streets is "drunk or dying," has to be decided daily in this city; can we then wonder if every now and then an error or omission in diagnosis causes some unfortunate being to be dealt with as "drunk and incapable," when really his perplexing stupor depends upon circumstances altogether beyond his control? Doubtless, whenever a fellow-creature who has been locked up insensible is allowed to die in a police-cell, unattended by a surgeon, the public have cause to be shocked, and ample reason both to complain and to prophesy that blame attaches to some one. But how different is the case when such a circumstance as that of the deceased Cross occurs, the inquest upon whom will be found in another column. Then it is certainly premature to state that blame must attach to some one, and absurd to attempt to individualise the culpable party or parties. The question of whether an insensible man is or is not so from drink, is by no means an easy point to diagnose in every case. The stomach-pump often gives great assistance in determining this knotty question, but this means is human, and therefore not infallible. What, then, is a house-surgeon to do when he finds a man in that condition for which drink would account, for which he can find no other cause, but which he cannot swear is attributable to drink? That this question not unfrequently has to be decided is proved by the experience of the house-surgeons of all general hospitals. Some would say, in every case of doubt the house-surgeon had better err on the side that will prove safer to himself—namely, keep the patient in. But let these picture the consequences of such a course; for doubtless many simply beastly drunk would lumber the wards were it adopted; our hospital wards, intended for the really sick, to whom undisturbed rest and sweet air are so very important, would be rendered improper for the least sensitive people by the foul exhalations and exclamations of the brute-like inebriate, and much more unfit for those who it was designed should be sheltered therein. And all this disturbance, abuse, and disgrace to the sanctity of an apartment charged with sick and too frequently visited by death, would usually occur in the still hours of night, when all should be done to avoid disturbing the sleep of those to whom it is the greatest of blessings. Until the police recognise that it is their duty to do their own dirty work, we must advocate that all insensible patients brought by them to the hospitals be refused admission unless some definite injury or ailment be diagnosed to warrant their use of hospital charity; for the cases that would thus be turned

on the hands of the police the aid of the divisional surgeon and suitable accommodation would have to be procured, to remove all onus from the authorities. In this way the boon which our hospitals give to the public would be much enhanced, and its abuse considerably lessened.

The case which has called forth these remarks is instructive, as showing the very great unfairness of attempting to explain the conduct of others in it, without first hearing every particular; and we hope that the admirable conduct of Mr. Godfrey Thrupp will be appreciated, for though house-surgeon to a hospital that is ridden down by unprofessional governors, he pursued the right course, and, by the clearness of his evidence, prevented blame being wrongly attached to anyone.

PHYSIOLOGY OF THE BILIARY SECRETION.

RÖHRIG contributes a paper on this subject to the last part of Stricker's *Medizinische Jahrbücher* (Heft ii., 1873.) His experiments were conducted on dogs and rabbits fully under the influence of curara. A bent-glass tube was inserted into the ductus communis choledochus in a large curarised rabbit, in which artificial respiration was maintained. He obtained, at the commencement of an experiment lasting about half an hour, one drop of bile every eight seconds, but at the close only one drop in every seventeen seconds. The last-secreted bile was more intense in colour than the first, and was more glutinous. Compression of the vena portæ, or of the hepatic artery, or of both together, caused an immediate diminution of the quantity of the secretion; but after some time, though the compression was continued, the liver recovered its activity to some extent. A rabbit which yielded one drop of bile in about twenty-four seconds before compression only yielded one drop of bile per seventy seconds after; and a dog previously giving one drop in thirty seconds, only gave one per eighty or ninety seconds after compression. Ligature of the thoracic aorta just above the diaphragm reduced the secretion in a dog from one drop in seven seconds to one in fifty. Ligature below the cœliac axis raised the rapidity of the secretion from one drop in eight seconds to one drop in three seconds in a rabbit. Compression of the vena cava ascendens, so as not completely to arrest the flow of blood, caused steady diminution of the flow of bile from one drop in five seconds to one drop in thirty-two seconds. On releasing the vein it again steadily rose to one drop in four seconds. The opposite effects obtained from ligature of the venæ cavæ and compression of the aorta demonstrate, Röhrig thinks, that the formation of the biliary secretion is not exclusively dependent upon the degree of pressure in the capillaries, but rather upon the current and quality of the blood. Injection of water into the intestinal canal increases the biliary secretion, and to a greater extent than the injection of the same quantity into the bloodvessels. Irritation of the mucous membrane of the intestinal canal in various parts from the mouth to the anus, as well as of the peritoneum, was not attended with any very definite results. Digestion always increased the quantity secreted considerably, and when the partially digested contents of one dog's stomach were injected into that of another, the quantity of bile began to rise rapidly in ten minutes. Croton oil, colocynth, jalap, aloes, rhubarb, senna, sulphate of magnesia, calomel, and castor-oil, all increase the flow of bile; the two latter, however, only feebly, the first two vigorously. Section of the splanchnic nerves caused increase of the biliary secretion; neither section nor irritation of the vagi sympathetici had any influence on the amount. Division of the spinal cord was followed first by increase and then by retardation of the flow. Indirect irritation of the spinal cord by electricity prolonged the periods between the drops. Suspension of the respiration was variable in its action, but, as a rule, retarded the secretion. Opium rather increased the flow of bile by its paralysing influence on the peripheric vessels; it checked diarrhœa by its action on the peristaltic movements.

THE SHAH OF PERSIA AND THE LONDON HOSPITALS.

THE visit to St. Thomas's Hospital was by no means the least gracious act performed by His Majesty the Shah of Persia during his stay in this country; nor was the selection of the institution, upon the whole, an unhappy one, for whatever may be the serious shortcomings, and they are not few, of this hospital, it is, nevertheless, the most imposing in London, and probably affords the best opportunity to a stranger of judging of the general management of our medical charities. The children were evidently an object of special interest, and it is not the first instance that the Shah has given during his stay with us of his affection for the little ones; in fact, he has probably gained more popularity, especially with mothers, by his attentions to the young than by any other display of kindness. It would be impossible for a person less intelligent and enlightened than his Majesty not to be benefited by a visit to this institution, which is only one of the many supported by the benevolent of this country for the benefit of the sick poor; and we have no doubt that such an exhibition will convince him that our philanthropy is no less than our greatness.

Here we would gladly leave the subject of the Shah and our hospitals, but it is a duty we owe to the public and the profession to protest against the conduct of irrepressible authorities of the British Hospital for Diseases of the Skin, who have secured him as a patron to their institution. We must again condemn the insinuations of this hospital, which, although not really deserving of the name, yet presumes by a pretentious appellation to a national character. It has been our duty on previous occasions to warn the public against special hospitals for diseases of the skin, but it seems necessary again to repeat our admonition. We are surprised to find that the Committee of St. John's Hospital, with its wonted confidence, has not succeeded in securing a handsome subscription for their new building for the accommodation of those "poor creatures, borne down by maladies for which, in the majority of cases, they are themselves in no wise responsible," and who persist in "travelling long distances in every kind of weather, only, however, to return disappointed and hopeless," notwithstanding the fact that they can always obtain sufficient accommodation and the most skilled advice at any of the general hospitals. We can only say that if patients will be so foolish as to submit to such inconvenience when so effectual a remedy is constantly open to them they ought to be left to suffer the consequences.

SOCIETY FOR THE SUPPRESSION OF VICE.

WE have before us a copy of the report of the Society's proceedings for the past year, which was read at the annual meeting held at the Freemasons' Tavern on the 9th inst. This is the seventieth annual report of the Society's transactions, and it records an amount of work done and of good effected that are deserving of all praise. Through its instrumentality, and the vigorous action that its agents have taken, especially of late years, the vilest of vile trades, that of disseminating obscene prints, photographs, &c., has been almost wholly restricted to traffic through the post. The committee have only to report four prosecutions, the details of which are succinctly given, of persons selling from shops.

In reading the account of these prosecutions, we are at once struck by the relatively small number of persons engaged in this trade. If the number of the fraternity be small, however, they are ubiquitous, and their traffic is managed with so much subtlety and skill that immense pains and considerable expense were incurred in trapping them. The law is anything but powerless in regard to these offenders, and we are extremely glad to observe that some of the judges have most effectually aided the Society in putting down the system of unlimited moral contagion maintained by the circulation of these licentious and degrading publications. The extent to which the system has been carried may be surmised from the fact that the report speaks of having seized and burnt, from one establishment, 1,398,000 handbills, 140,300 catalogues, 400,000 small pamphlets, and 60,250 copies of the "Philosophy of Marriage." The importance of the judge's decision in this case cannot be over-estimated. The question of law is now established—that the professedly quasi-medical character of works is no justification for their publication; and this will be a precedent ever after in similar cases. Our readers know what the Society has already accomplished in regard to a notorious so-called "anatomical museum." The defendants in that case obtained a writ of *certiorari*, by which the case has been removed to the Queen's Bench, where it now stands for trial before a special jury. The law proceedings in prosecuting these cases have been, of course, attended with great expense, and but for the public spirit of two individuals the success that has attended the Society's labours would never have been obtained. We hope that all friends of modern civilisation will not withhold from the Society the pecuniary support of which it stands in need.

THE PRESENT CHOLERA EPIDEMIC.

IT occurs to us to suggest at the present time whether an attempt might not be made by the medical profession in different parts of Europe and America to collect the facts about cholera, and to put them on record quite apart from all discussion—at any rate for the present. A responsibility is laid upon us as a profession by the manner in which questions of this class have been treated. The more common course of proceeding has been to consider any facts the observer may have obtained in reference to their bearing on some specific doctrine—let us say, for example, Hallier's or Pettenkoffer's theories. The objection to this method is, that years have been spent perhaps in determining that these theories are either untenable or inadequate. The Army Sanitary Commission prepared their instructions for the India Cholera Inquiry with the single object of arriving at facts; and it seems worthy of consideration whether their design as to the careful and systematic observation and record of facts might not be the more satisfactory course to adopt in regard to the occurrences connected with the existing epidemic. Take, for example, the present American outbreak of cholera, that of Dantzic, and the cholera in Vienna. How important would it not be to have a precise inquiry and record of every circumstance of the earlier cases made with reference to any connexion they might have had with personal communication, fomites, or locality? Such an inquiry should include railways and ships, of course; but in order to be of any use, and to prevent subsequent denials and discussions, the greatest care would have to be taken to avoid exceptional cases only. It will not suffice to keep a record solely of cases conforming to a given rule, leaving out all nonconformable cases. If neither persons, fomites, nor locality have any effect on the progress of cholera, this should be shown. If they have effect, this should also be shown; and if there be a percentage of effects, this should likewise be indicated. For instance, it has been stated that no connexion, except in time, could be traced between the cases on river craft and those in the town of Dantzic. Again, taking the two fatal cases in Vienna, surely every fact regarding these might be traced out and placed on record. Professor Parkes's recent Report on Hygiene affords a good illustration of the unsatisfactory condition of these inquiries at the present time; and if individual observers would for the present deprecate all theories and specific views of every kind, and set themselves to investigate and record in the meantime all the facts as they occur, we should be put in possession of an amount of valuable information from which, not only the truth or otherwise of certain doctrines might hereafter be ascertained, but the exact measure of truth which any or all of them contained might also be determined.

ABIOGENESIS.

O. HUIZINGA suggests (*Centralblatt*, XV., 1873) a new method of dealing with the abiogenesis question. He refers to and repeats Bastian's and Sanderson's experiments on the development of low organisms in turnip infusions containing various salts, and finds that no bacteria are developed if the contents of the vessel be boiled and whilst boiling the vessel be closed with a cap of filter paper. He remarks, however, that the paper might easily be the means of the introduction of germs, and that the only certain protection against such introduction is afforded by some material that can be strongly heated. He accordingly recommends certain plates named in Germany "Estricken," and which appear to be equivalent to our porous earthenware. Of these he makes stoppers that are luted into the mouths of the flasks, when their contents are boiling, with asphalte. Such stoppers permit the passage of air, but perfectly occlude the passage of germs. To prove this, he took two flasks containing solution of salt and ammonium tartrate. Into one he inserted a small quantity of dust collected in a room containing decomposing substances, as urine, whilst the other was closed when boiling and some of the dust distributed on the surface of the stopper. In twenty-four hours the first solution was already troubled, and soon after abundant bacteria appeared, whilst the other remained clear for more than a week, but was not further examined.

THE ESSEX COUNTY GAOL.

AT the last Quarter Sessions an annuity of £80 per annum, which is equivalent to two-thirds of the salary, was awarded to Mr. Gilson, who has been the gaol surgeon for more than twenty years, this being the rate of pension such service entitles him to retire upon. Referring to the appointment of Mr. Gilson's successor, Mr. Perry Watlington said:—

"This is a matter which excited considerable observation in the public press. I can only state that the committee had but one object in view, and that was to get the work done in the best manner they could. They admitted no claim of personal character, or of residence, or any claim of prior application or questions of that sort. They simply took the man they thought would best perform the duties. I must say it was a difficulty for the committee to select Mr. Carter over Dr. Nicholls. Nevertheless they did select him, and the committee having selected him, they recommended his appointment for the confirmation of this court."

Which, when all the circumstances of the case are considered, certainly appears to justify the comment it provoked from the *Chelmsford Chronicle*—viz.:

"The motives of the committee need, of course, no vindication, but we cannot the less disapprove their selection, as, under the circumstances, extremely unfair. It exhibits,

indeed, some, though a very imperfect, recognition of the claims of superior professional rank and experience that the committee found 'a difficulty,' as Mr. Watlington expressed it, in appointing Mr. Carter in preference to Dr. Nicholls."

To put it mildly, Mr. Perry Watlington's remark was a very left-handed compliment, and one that would have been better omitted as referring to a man of Dr. Nicholls' position in the profession. The supposition that Mr. P. Watlington was ill-advised or that he was irritated by articles in the local papers, alone accounts to us for his unhappy explanation of the Committee's election. We think it would have been both just and courteous to have given weight to the fact that Dr. Nicholls succeeded a gentleman in Chelmsford who had held the gaol appointment for alternate years with Mr. Gilson; more especially as on Dr. Nicholls' arrival the former gaol arrangement was altered to the depreciation of the practice he had taken, apparently in order to halve the time which must otherwise have elapsed before Mr. Gilson could claim a pension on twenty years' service. One practical point we do insist on—viz., the scandal of allowing any medical man, especially if he have local competitors, to hold appointments merely with the view of keeping an assistant to work them; for a medical man's appointments should have the first claim on his time, and when private practice forbids this, he should resign, if only as a duty to his employers, any undertaking which becomes unprofitable to him if fulfilled personally.

BOGUS DEGREES.

FROM the advertising columns of *Kladderadatsch* (the Berlin *Punch*, and a highly appropriate medium) we extract the following *bond fide* announcement:—

"DOCTOR IN ABSENTIA, der Philosophie, Medicin, Chemie, und Zahnheilkunde, wird mit Discretion vermittelt. Adresse, Medicus, 46, Königstrasse, Jersey."

Anyone (male or female, we presume) can get dubbed "Doctor" in Philosophy, Medicine, Chemistry, or Dentistry, under the discreet negotiation of "Medicus," No. 46, King-street, Jersey. The more publicity we can give to such advertisements the less the likelihood (we are sure) of their entrapping the unwary on this side of the Channel. They are evidently addressed to the continental adventurer who may settle as "Doctor" in some remote watering-place where an educated "public opinion" is not frequently to be found, and where a "register" is not usually kept of the regular as against the irregular practitioner. Is it the insanitary condition of Jersey that has suggested it to "Medicus" as a suitable place for the creation of "doctors"? We wonder if the island would prefer to commit its hygienic interests to the "practitioners" emanating from the degree manufactory at "46, King-street"?

SIR C. ADDERLEY'S PUBLIC HEALTH BILL.

THE Committee on the Public Health Bill has been fixed for to-day (Friday). But for Sir C. Adderley, it is doubtful whether the Bill would not have been quietly shelved till next session on the otiose plea that "at this late period" the House could not proceed with it. The right hon. gentleman elicited a good deal of opinion as to the Bill from both sides of the House. Mr. Corrance denounced the measure as wholly insufficient for its objects, while it increased the local burdens and added greatly to the powers taken by the central government. Mr. F. S. Powell, on the contrary, credited last session's sanitary legislation with having done a great deal of good. Mr. Stansfeld, in reply to Mr. Corrance, maintained there was no clause in the Bill which would add one farthing to the local rates in any sanitary district. Mr. Knight contributed his usual diatribe against Local Government Bills past and present, asserting that they had proved, and would still prove, not a blessing, but a curse. His vehemence, however, fell on indifferent ears, and all attempts to shelve the Bill were frustrated by the carrying of Sir C. Adderley's motion to fix the further progress of the Bill in Committee for Friday.

CORONERS' INQUESTS.

BETWEEN the entire omission to hold coroners' inquests and the way in which they are often conducted, they are fast falling into contempt as sources of information. Every week we receive intelligence of sudden and unexplained deaths in regard to which these complaints hold true. A case in point is a recent inquest in Bournemouth on the body of Mr. Mason, a chemist, in which the coroner wished to close the inquest without a post-mortem examination, though the medical witness only saw the deceased after death, and was entirely unable to state the cause of death. The coroner told the jury that their duty was to give a verdict on the evidence, when there was actually no evidence. They were, he said, to consider neither the public nor the promotion of science; and if they were not satisfied that deceased died from natural causes, they could return a verdict of "Found dead, but with no evidence to show the cause." The jury demanded, by a majority, that a post-mortem examination should be made. The coroner had to give way. A post-mortem was held, and the death of the deceased from natural causes—syncope from heart disease—was shown. The public of Bournemouth and the friends of Mr. Mason will agree with the jury rather than with the coroner. He does not at all perceive that to establish the natural cause of death is as kind a thing to the memory of the deceased and to his friends as it is satisfactory to the public.

VENTILATION OF SEWERS.

A RECENT meeting of the Chelmsford Board of Health afforded another instance of the lukewarm interest manifested in sanitary reform. It appears the Sanitary Committee had recommended that steps should be taken towards raising twenty-three vertical shafts to the level of the adjacent chimney-tops, for the ventilation of the town sewers. But though the well-known reasons for providing a free exit for sewer-gases were ably brought before the Board, a long discussion on the matter resulted in a resolution which only empowered the surveyor to apply to the owners and occupiers of property whereon it is proposed to fix the shafts for consent to the construction of the same. It appears that the above scheme would not cost £100, yet the Board thought fit to evade committing themselves to its performance, though they felt pledged to the work, in a measure, as they had applied to Government for a loan of £250 to execute it. Hence, we fear, it is economical reasons which make them hesitate to carry out this essential improvement, rather than doubts as to the efficiency of twenty-three shafts of four inches diameter for the ventilation of their sewers.

We would remind the Chelmsford Board of Health that "what is worth doing at all is worth doing well," though, we believe, experience alone is wanting to prove that it is impossible to get sanitary improvements properly executed so long as the outlay for such is at all optional with the ratepayers. One member of the Chelmsford Board has sufficient practical knowledge and foresight to advocate the proposed scheme, and we hope his exertions will soon rid the town of the constant dangers of ill-ventilated sewers.

THE ANNUAL ELECTIONS AT THE COLLEGE OF SURGEONS.

THE annual elections to the various offices in the College of Surgeons took place at the meeting of the Council on Thursday, the 10th inst., when the following officers were elected:—President: Mr. Curling. Vice-Presidents: Mr. Le Gros Clark and Sir James Paget. Examiners in Medicine: Dr. Peacock and Dr. Wilks. Examiners in Midwifery: Dr. Farre, Dr. Barnes, and Dr. Priestley. Professor of Surgery and Pathology: Mr. T. Holmes. Professor of Comparative Anatomy: Mr. W. H. Flower. Professor of Dermatology: Mr. Erasmus Wilson. Lecturer on Anatomy and Physiology: Mr. Callender.

At this meeting the newly-elected councillors—Messrs. Walton, Southam, and Marshall—took their seats; and the newly-appointed examiners—Mr. Marshall and Mr. Holmes—will begin their labours at the primary examination held this day (Saturday).

THE PUBLIC HEALTH ACT, 1872.

IN the return of medical officers of health appointed under the Public Health Act, 1872, we have this week included the medical officers of health for the metropolis. This week's return completes the list of medical officers of health appointed since the passing of the Public Health Act to the present time; it completes also our return of all medical officers of health appointed throughout England and Wales both under this Act and under other Acts of Parliament. The time has now come when it is to be desired that an official list of medical officers of health should be forthcoming, and we are glad to observe that such a list has been asked for in Parliament. We have nothing to add to our comments upon the appointments under the Public Health Act, 1872, made a few weeks ago. The multiplication of instances is simply a multiplication of proofs that these appointments have not been made upon any definite principle.

KENT MEDICAL BENEVOLENT SOCIETY.

THE eighty-sixth annual meeting of this Society took place at Canterbury on Wednesday last; Benjamin Wood, Esq., of New Romney, in the chair. The report showed that the Society was in a very satisfactory condition. Seven new members were elected, against a loss by death and withdrawals of four. To eight annuitants the sum of £380 was voted, the highest being £100, and the lowest £20. In the previous year £370 was granted. On the motion of Dr. Carr, the Very Rev. the Dean of Canterbury was unanimously elected honorary chaplain to the Society. Any legally qualified practitioner living in the county can become a member of this truly philanthropic Society by the annual payment of £1 1s., and thus ensure to himself or his family, if in need, the most valuable assistance. We are, therefore, surprised that the Society only numbers about 160 members. The profession in Kent need to be informed of the claims of a Society which is capable of doing almost infinite good if better known and better supported.

LYMPHATICS OF THE SPLEEN.

E. B. KYBER describes the anatomy of the lymphatics of the horse as obtained from injections made with Prussian blue. Kyber agrees with Tomsa in admitting two systems of lymphatic vessels in the spleen: one belonging to the trabeculæ, which is in continuity with the lymphatics of the capsule; and a second accompanying the branches of the splenic artery, which are surrounded by its divisions as by a sheath. These two he names respectively the trabecular and the perivascular lymphatics. Occasionally the latter can be injected from the former. The perivascular lymphatics appear to arise in a delicate adenoid tissue enclosing the smaller arteries, partly from a plexus and partly from lymph cavities, the walls of which are formed of endothelial cells alone. The trabecular system of lymphatics arises in a plexus lying between the muscle-cell fasciculi. Kyber insists that a distinction must be made between the splenic pulp and the adenoid tissue surrounding the arteries, and points out the difference both microscopically and pathologically. The latter he regards as performing the usual functions of the lymphatic system; whilst the former, he conceives, may exercise that digestive action on the albuminates of the spleen which Schiff has demonstrated takes place.

A NEW MALADY.

IN the report of the Medical Officer for the Kingston District were the names of two patients, husband and wife, the former being said to have suffered from "fever" and the other from "bad temper"; yet the husband had only been seen once, while the wife had been attended daily. Some of the guardians seemed to be at a loss to understand the conduct of their medical officer, who they evidently thought was more ready to administer the milk of human kindness, combined probably with a little moral suasion, than to prescribe a saline or febrifuge draught. It turned out, however, that the husband had not been attended because he had removed to the workhouse.

SMALL-POX IN ST. PETERSBURG.

THERE are still 35 cases of small-pox under treatment in St. Petersburg, though the last returns do not record any fresh cases. The numbers of cases given as occurring during the epidemic from 13th April, 1872, to the 25th June, 1873, are as follows:—Cases, 5567; recoveries, 3682; deaths, 1850.

THE Agricultural Children Bill has been read a third time and passed. It will, it is true, affect but very few children, as the admission to reformatory schools in 1871 will show. Out of 1575 admitted, all but 28 were above ten, 1340 (or about three-fourths) were above twelve, and 760 (or nearly half) were above fourteen years of age. Reformatory schools are, on these grounds, to be excluded from the Bill.

IN reply to Mr. Dent, the President of the Local Government Board announced that plain directions as to the precautions to be taken for preventing the diffusion of cholera have been prepared; while he has refrained from giving instructions to medical men in the various localities as to the treatment of the epidemic.

THE triumph of non-restraint in the treatment of insanity has had few better illustrations than at Hanwell the other day, when two of the Shah's suite, on being shown through the wards and over the grounds, expressed their regret that they had seen none of the patients!

DR. ROBERTSON gives a satisfactory report of the work of the Devonshire Hospital and Buxton Bath Charity for the half-year ending June 30th, 1873. During the six months 570 in-patients have been admitted, being fifty fewer than during the corresponding period of last year. Of these, 363 were discharged as benefited; 57 were no better at the time of discharge; 7 were discharged at their own request; 4 for breach of rules, and 148 remained on the books. Of the 431 patients discharged during the half-year,

only 57 were no better, or little more than 1 out of every 8 patients, so that seven-eighths of the patients were sent away beneficially treated. It cannot be too widely known that the subscription of one guinea does not cover the cost of an in-patient; that during the year every in-patient cost the institution during the three weeks £1 18s. 4½d., and that all the remainder has to be met from donations and other sources of income. With all this, "the financial position of the hospital," says Dr. Robertson, "affords ground for thankfulness."

ACCORDING to Mr. Redgrave, inspector of factories, brick-making throws serious obstacles in the way of the provisions of the Factory Act. Children nine years of age are so exhausted in loading barrows from 5 A.M. to 9 P.M., that they have to be carried to and from their work. What will will they be at manhood? *Non his juventus orta parentibus*, &c.

SLEEPING-CARS on Colonel Mann's principle are about to be introduced on the chief Continental lines of railway. The resources which their introduction will open to the invalid for whom change of air or residence at a remote watering-place is indicated are incalculable.

A "BILL to amend the Medical Acts so far as relates to the University of London," if it does not share the fate of every enactment relating to sanitary or medical matters, shall be discussed in our columns next week.

MR. HARRY LEACH, of the *Dreadnought*, is a candidate for the appointment of Medical Officer of Health to the Port of London.

WE understand that the medical officers of the Chelmsford Union have formed themselves into an association for the purpose of obtaining larger salaries and an increase of the midwifery fee from 10s. 6d. to 15s.

A FEW persons having been attacked by cholera in Venice, the authorities have determined to issue sanitary bulletins daily.

PROFESSOR DONDERS, the eminent ophthalmologist of Utrecht, is at present a visitor to London.

THE PRESBYTERIAN HOSPITAL, NEW YORK.

THIS fine hospital is situated at the corner of Madison-avenue and Seventieth-street, New York; and consists of three pavilions, accommodating about 300 patients, with an administrative building and a boiler-house, all connected in the basement and the first and second stories by corridors of communication, of light construction above the basement in order to secure a free circulation of air. The building, to judge from the illustrations accompanying the Report of the hospital, presents a very imposing appearance, although we at a loss to understand why it should be called the "Presbyterian Hospital." The general style of the architecture is more Grecian than Roman or Gothic. The former is founded on plainer principles than the latter, and is better adapted to secure sunlight and ventilation; and as it is, moreover, the prevailing taste of the country, it is denominated, for the sake of distinction, in the Report before us, the Republican style. The Presbyterian Hospital was founded by James Lennox, Esq., for the reception of patients of every creed, nationality, and colour. The buildings are, like our own St. Thomas's Hospital, three stories high, which is, we think, to be regretted. The height of the basement is eight feet, that of the second and third stories fourteen feet six inches in the clear, and that of the first story and attic twelve feet respectively. The arrangement is intended to combine a private hospital with a public one. It strikes us that it would have been better to have separated them, because of the greater privacy and less cost. It would have been cheaper to have constructed private ward-rooms under a separate roof. In the plan the existing area must be used, and it is not altogether the best form and size for the purpose. We think it a mistake to have introduced the Mansard roof and its wards, notwithstanding that they exist in certain Paris hospitals, and of all things for fever cases! At St. Thomas's they are used for nurses' sleeping-rooms chiefly. They are, however, costly, and out of place in a hospital. The first floors of the pavilions are occupied by private wards with the necessary accessories, whilst the three upper stories are for the public wards. In the east and west pavilions the latter accommodate twenty-eight beds each, those in the north pavilion twelve each. In this pavilion the public wards are subdivided, in order to provide against the spread of contagious disease. It would be impossible to enter fully upon the structural and other details of the hospital, and we must, therefore, content ourselves with touching upon a few points. The general disposition of the blocks is good, but the architectural effect has been obtained at the cost of some sanitary advantages connected with simplicity of arrangement and construction. The ground-plans are good, and the accommodation is obtained while the structural errors of St. Thomas's Hospital are avoided. It is questionable whether a day-room is needed in a civil hospital, and whether it would not be better to send out cases as soon as possible to a convalescent institution. Considerable expense would have been saved by omitting the day-rooms. The area of ground appears to be a little over two acres, and this has probably led to piling the wards one over the other. The smallest quantity in a locality surrounded by buildings should be about one acre and a half for 100 beds. If there be a park or square near, one acre per 100 beds will suffice. If one-third more land could not have been obtained, it would have been better to have limited the number of beds to 200. The system of ventilation adopted is both natural and artificial, and is described as follows:—The fresh air is conducted through shafts from the top of the buildings to the fan-room in basement, whence it will be driven to the coil-chambers, which supply the air to rooms above. Other flues conduct the foul air to the lofts above the attic stories, where they unite in spacious ventilating lanterns, heated by steam-coils. The windows—one to every two beds—extending from three feet above the floor to the ceiling, are provided with double sashes for direct ventilation, without exposing the patients to currents of air. The natural system, if properly managed, is all that is required, and we venture to think that the artificial system proposed is open to objection. But, taken as a whole, the hospital appears to be a very fine one, and, in introducing all the latest improvements into it, the architects have succeeded much better than most of our home architects have done.

DEATH IN A POLICE-CELL.

THE circumstances of the case which has lately afforded the framework of more or less sensational writings under this head, were most satisfactorily explained at the inquest on Wednesday last; when it appeared, from sworn testimony, that the deceased, George Cross, aged forty-six, had been seen intoxicated about nine o'clock on Saturday night, that he then had a recent scalp wound, which was said to have been occasioned by a fall in the street. For this injury the police-constable conveyed him, in a cab, to St. George's Hospital, where he was admitted, and attended by the house-surgeon, who gave the following evidence:—"I saw the deceased on Saturday, at about half-past nine in the evening. He was then lying in one of the wards with his head bandaged. The deceased smelt strongly of liquor, and answered somewhat indistinctly the questions I put to him. I prescribed for, and left him. Shortly after twelve I saw him again. I found him sitting up in bed,

and saying he was determined to go home. I spent about seven or eight minutes in trying to persuade him to remain, saying that his life might be in danger. He listened to what I had to say, but insisted that he must go home. He spoke distinctly, and seemed very much more sober than when I first saw him. I referred to the secretary of the hospital, as to whether I could legally detain a man who, though he had been drinking, then appeared rational. It was his opinion I could not; and he suggested calling the policeman on the beat, who would see him home. This was done. There was a general conversation, and I heard something said about a police-cell. I said to the policeman that he had had a severe injury, and that if he were put into a cell it might be necessary to call in the divisional surgeon. I next heard that the man was dead, and I made the post-mortem examination. I found there was a wound at the back of the head about 3½ inches long, angular in shape, with contused edges. A small portion of the wound seemed old, but the greater part was recent. The wound was merely skin deep. By removing the skull-cap I found there was old disease of the brain. There was also old disease of the heart and slight disease of the liver, but no disease in any other organ. There was no fracture of the skull, and no evidence of any internal injury to the brain or its membranes. I should assume that he died from heart disease. I can't connect the wound in the head with the death of the patient." Cross-examined:—"The deceased was quiet in the ward, but persisted in getting out of bed to get some clothes. I had no report made of any noise."

The police evidence showed that the deceased was conveyed to the Cottage-road Station in a cab, as he could not or would not walk, that he met with no violence from the police, could walk to the cell with assistance, and was visited at short intervals, of never more than half an hour, until just after three on Sunday morning, when the inspector saw him, and considering that he was dying, or very ill, sent for the divisional surgeon, who arrived only in time to pronounce the prisoner dead. A fellow occupant of the cell stated that the deceased had spoken about ten minutes before the inspector visited him.

After the medical evidence, the jury expressed themselves perfectly satisfied that both hospital and police authorities had done everything in their power for the benefit of the deceased. In this opinion the coroner thoroughly coincided, and recorded a verdict in accordance with the medical evidence.

THE LATE DUEL.

THE following details of the late duel have been received from our French correspondent.

MM. de Cassagnac and Ranc fought with swords with large hilts, and wore fencing gloves having cuffs of varnished leather, so as to avoid the slight wounds on the hands which so often occur, and prevent the combat from going on. It was agreed that the fight was to continue until one of the adversaries asked for mercy, or his witnesses declared him unfit for further fighting. On the very first pass, after a feint, M. Cassagnac received a wound above the cuff of his glove; the wound extended along the forearm, running along the cubitus, almost up to the elbow. Cassagnac declared he would continue. The fighting then became most impetuous, the adversaries closing together on several occasions, and the witnesses being obliged to separate them. On the fifth pass, M. de Cassagnac sent his sword into Ranc's arm. The wound penetrated the biceps; there was a jet of blood, but no important artery was wounded. The wound is considered to be without gravity, and it is supposed that in a few days Ranc will be able to resume the use of his arm. Cassagnac's wound is even slighter, and this day's number of the *Pays* (Cassagnac's journal) contains a long political article from his pen.

Cassagnac fought with the sun in his face. The adversaries throughout the duel preserved a most courteous attitude, and maintained a smile the whole time. Ranc is a small and rather stout man, but on the field exhibited great qualities of vigour, agility, and self-possession. Cassagnac's jeu, or mode of fighting, was full of vivacity and rapidity. Both had been expecting this duel for years, and seemed to be thoroughly *au courant* of each other's skill and peculiar manner of handling the sword. Cassagnac had the advantage of stature; he is a tall muscular man.

The fighting was so impetuous that, according to accounts, "the swords gleamed and rattled, and sent bits of linen flying in the air." I may add that Ranc's sword got bent on the bone of Cassagnac's forearm.

Correspondence.

"Audi alteram partem."

THE ELECTION TO THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The election at the Royal College of Surgeons last week, so far as we provincial fellows are concerned, was a glorious triumph of principle, and they deserve well of their professional brethren generally for the great sacrifice they have made both of time and money to enable them to record their votes in favour of a country fellow for a seat in the Council. Dr. Humphry of Cambridge, and Mr. Southam of Manchester are the only two on the Council representing the country fellows. We are not sufficiently represented, and every effort will be made for the future until we have at the least five country fellows returned. We have felt so severely the disadvantage of being compelled to give a personal vote, that we shall not rest satisfied until vote by proxy is allowed, thus placing us upon an equality with the London fellows. This privilege is accorded to the members of Oxford and Cambridge, and surely that which works well for them cannot be bad for the College of Surgeons. I had a conversation with two members of the Council respecting vote by proxy; one approved, but the other objected on the ground that it would throw the election of a provincial man into the hands of the medical journals—in fact, that each journal would have its pet candidate, and write him up "into high place." I do not believe this, or that any journal would have the power, even if it had the inclination. Medical journalism at the present day is conducted with such honourable impartiality that I am persuaded a good man would never be put down, or an improper one helped up. We have, during the past few years, witnessed great and beneficial reforms at the College of Surgeons. The Council, however, have yet two important concessions to make, which we hope they will gracefully do—viz., *vote by proxy*, and the admission of *reporters* at the meetings of Council. For the latter, Mr. Editor, you have nobly fought, and we still hope to have your powerful interest in support of our application for both. I trust that those fellows who are favourable to the above changes will without delay communicate with me, so that we may have a well organised party for the purpose of obtaining the removal of that clause from the charter of the College which enacts that a personal vote shall be given, and thus relieve ourselves of an obnoxious tax which is unfairly imposed upon country fellows who are desirous of voting in July.

I am, Sir, yours, &c.,

Spalding, July 6th, 1873. EDWIN MORRIS, M.D., F.R.C.S.

OPHTHALMIA IN SCHOOLS.

To the Editor of THE LANCET.

SIR,—There is no good reason why contagious ophthalmia or any other disease should prevail in the large pauper schools, and I do not believe its prevalence arises, as is commonly said, from overcrowding. Twenty-four years' experience in dealing with large numbers of both children and adults closely packed together, under conditions which, according to the fashionable theory, ought to have developed any quantity of disease, has convinced me that health may be maintained without the great cubic space now demanded. A letter lately published in *The Times*, and copied very generally by the press, contains strictures (some of them

very just) upon the North Surrey Schools, but especially the writer complains of each child having only 360 cubic feet of space in the dormitories. What would he have? To my humble mind such a space appears ample; indeed, much more than is requisite. I think a useful lesson may be got by a momentary glance on board ships, say an emigrant vessel from England to Australia, where the Government scale of accommodation is 90 cubic feet per adult in the 'tween decks, and this not for merely sleeping in, but for eating and drinking, washing and dressing; not for clean disciplined children, but for dirty, careless, poor people, for the most part just taken out of slums and alleys, and cooped together for 90 or 100 days; yet there has never been an instance of disease worth notice. I have myself taken out cargoes of between three and four hundred without a single death. Then consider sailors what their cubic space is: I should be afraid to state. Of course I do not wish it to be inferred that I approve of this state of things; I only wish to show what may be done. But perhaps it will be more to the purpose to refer to the accommodation at the Forest Gate District School. This school is filled by an average number of 850 children from the poor parishes of Poplar, Whitechapel, and Hackney, and the average cubic space in the dormitories for each child is 217 cubic feet. On the 10th of April the air in two of the wards was examined between four and five in the morning, the children going to bed at eight on the evening preceding, with the following results:—

Boys' ward, No. 4; slept in by 60 children.

	By weight.	By volume.
Carbonic acid ...	0·223	0·146
Moisture	0·645	1·032
Oxygen	22·734	20·310
Nitrogen	76·398	78·512
	100·000	100·000

Girls' ward, No. 8; slept in by 52 children.

	By weight.	By volume.
Carbonic acid ...	0·167	0·109
Moisture	0·423	0·681
Oxygen	22·874	20·484
Nitrogen	76·536	78·776
	100·000	100·000

I believe that these wards may be taken as a fair sample of the whole; and, according to the generally received canon, they would be set down as overcrowded, and the air in No. 4 as decidedly bad; yet, although this has been the state of things for some years past, no evil has resulted. The Forest-gate School is the most healthy of all the metropolitan district schools, and I believe the only one free from contagious ophthalmia; but ten years back it was not so. Then there were only 300 children in the school, and ophthalmia was general. Overcrowding could not be the cause; for what do we have?—in a certain building 300 children, all ophthalmic; in the same building 850 children, no ophthalmia. But what is the explanation? I think it lies in three things—efficient inspection, receiving wards, and lavatories; and ten years ago these were all deficient. By efficient inspection I mean that the medical officer himself should inspect—that he should not leave his duty to nurses or attendants; every child in the school should be seen at least once a week.

Every school should be furnished with a receiving-ward, which should be a detached building with its own staff of attendants, and on such a scale as to allow every child on admission to be retained in it for at least fourteen days before going into the school. Also, when children are discharged from the infirmary it is a good plan to keep them in this ward for a week before going into the school.

Good lavatories are before all things essential. At Forest Gate we had formerly very bad ones; slate troughs, with divisions not extending to the bottom, and a supply of water from a tap at one end, running through and making its exit at the end of a row of them. But *nous avons changés tout cela*; we have now lofty, spacious rooms, with rows of ware basins in india-rubber beds turning on pivots so that they are emptied in an instant; and every child washes by itself. The towels are hung above on ascending and descending racks.

Before concluding I may perhaps be allowed to say a few words upon the treatment of ophthalmia in schools. Of course every case detected should be at once removed to the infirmary, in which there should be a real dark ward, not simply a darkened room. In this should be provided a long table with ware basins (not metal ones) let into it, and a form for the children to sit upon, each one opposite its basin. These basins should be filled with cold water, and frequently changed. Each child must then be taught to occupy itself all the day long with constantly wetting and applying a bit of lint or soft old rag over its eyes. These children should not be put to bed in the daytime, and they must not be allowed to amuse themselves in any way; if indulged in the infirmary, they will never be got out of it. I am convinced that one-third of the ophthalmia in schools is produced by the children themselves. Their tricks are endless. A favourite one, much relied on by them, was that of picking up and putting in their eyes the chloride of lime used to disinfect the urinals; and they will often rub the discharge of the eyes from one that is very bad into another who is getting better. Unless there is strong special reason for it, extra diet should not be allowed. Medicine is rarely required to be taken. The temples should be painted with blistering fluid and one drop once a day of a solution of nitrate of silver, twenty grains to the ounce, let fall into each eye. In books we find recommended solutions of two grains and sometimes four or five grains of nitrate of silver to the ounce; but these are useless if we consider the amount of surface to be acted upon, the quantity of secretion to be decomposed, and the specific effect of the salt to be exerted on the vessels and nerves of the part. It is hardly credible that much can be done by the $\frac{1}{12}$th of a grain applied to a superficies of about three inches. The means should be apportioned to the end; and I know by experience how much time is wasted by the use of weak lotions. When the children are put to bed, the nurse should gently syringe each eye with tepid water, and apply a little spermaceti ointment to the lids, and syringing should be repeated in the morning. By these simple means a case ought to be cured in about fourteen days.

I am, Sir, your obedient servant,

THOMAS J. VALLANCE, M.D., F.R.C.S. Exam.

May, 1873.

HEREDITARY IMPROVEMENT.

To the Editor of THE LANCET.

SIR,—In your journal of Jan. 18th, in an article on Mr. Galton's hereditary improvements, occurs the following passage:—"Starting from the law of Nature, that like produces like, would it not be possible so to observe that law as to secure a class in the community whose original qualities of healthy physique, vigorous intellectual powers, and masculine will might be conserved, intensified, and improved? In a rough and irregular way something of the kind has been done by our aristocracy. Would it not be possible so to use the available material still left to us as, by well-assorted marriages, by mating the wise with the wise, the healthy with the healthy, and so on, to secure and keep up a class capable of government and legislation?"

I have not seen the article you allude to, but, judging from your critique upon it, Mr. Galton seems to have forgotten the experiment has been tried on a large scale and over a lengthened period of time in India. The Brahmins, eminently a governing class, have intermarried only amongst themselves for centuries, and the result is a race of men who have in a great degree secured for themselves, amongst their fellow-countrymen, the attributes, especially of governing, for which Mr. Galton contends. The result in their case is, I think, a perfect success. It may be argued, I know, that the Brahmin has succumbed to the European, and before him to the Mussulman; but that, if we look into the matter, is more apparent than real. As a warrior he has had to yield to his more daring foe from the north or from over the seas, but under both governments every detail and often its mainsprings have been worked by the intellectual and astute Brahmin. If our race were not recruited as it is by periodical immigration from Europe, we should in a generation or two succumb before this race, as did the Moguls to the Mahrattas, and in course of time, but in a quieter revolution, the world will see this people once again the masters. Even now, as I said before, in most parts of India they really govern; the

impetuous and self-willed Englishman is the ostensible head, as collector, or judge, or what not, but his principal subordinates are Brahmins, and their fathers and fathers before them were in the same place and position, and you have only to watch the common people salaaming to them to feel how thoroughly they are the masters of the situation.

Physically the same thing holds good. Any man who has been half a dozen years in India and kept his eyes open to observe can pick out from a crowd of natives a Brahmin. It is not that he is better dressed, for often he has nothing whatever on but his waist-cloth, but there is a cleanly appearance of limb and features which betoken the well-bred man. It is as distinctive as would be a racer amongst a mixed troop of ordinary hacks, hunters, and carriage-horses.

The subject is full of interest, and has interested me for years, but fearing to encroach farther on your valuable space, I will conclude.

I remain, Sir, yours &c.,

M. C. FURNELL,

Madras, March, 1873. Surgeon Madras Army.

THE SIR JAMES PAGET TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—In connexion with a letter on this subject in to-day's issue, allow me to state that, although I had not at that time subscribed to the testimonial, I received a circular announcing the day of presentation; so also did several men I know, both subscribers and non-subscribers. I feel sure the committee are not to blame for the "cavalier" treatment complained of; rather, I think, is it due to some error at the Post-office.—Yours &c.,

July 5th, 1873. ANOTHER OLD BART'S MAN.

*** In relation to the above, the facts, which we have been at pains to ascertain, are these. Copies of two circular letters were sent to all the old pupils of St. Bartholomew's Hospital. The first, issued in January, 1872, gave an outline of what it was proposed to do; the second, forwarded on June 2nd, 1873, informed the subscribers of the arrangements for the presentation of the portrait, as well as telling them of the position of the testimonial. In addition, a card of admission for himself and lady was sent to each subscriber. Moreover, knowing the possibility that, in a list of over 700 names, here and there a subscriber might not receive the notice sent to him, an advertisement was inserted in THE LANCET of the 14th of June, and in the principal daily papers. We fail to see that better means could have been adopted to give the subscribers due notice of the presentation, or how it can be possible that many of them should not have received a letter; but, in the face of Professor Humphry being requested to make the presentation, that any "cavalier" or wilful neglect of the provincial section of the subscribers was shown, is simply absurd.—ED. L.

THE GRANTING OF AWARDS TO PUBLIC VACCINATORS.

To the Editor of THE LANCET.

SIR,—The perusal of your article in THE LANCET of July 5th on the grant of vaccination awards recalls to my mind that I can hardly have been treated with fairness.

At the close of my first year's service as public vaccinator I was visited by the inspector, who, after examining my book and the arms of children living near that I had vaccinated, pronounced that had I been in office the required one year he should have recommended me for award.

Since, I have, with the assistance of a zealous vaccination officer, endeavoured to keep the vaccination of my district at a first-class standard.

Judge of my surprise and annoyance, on returning from a round of visits a short time since, to find that a vaccination inspector had called (without having sent me any notice), that he had looked at my vaccination book, and had merely taken down a few names of children from it who lived in a distant parish of my district, and whose arms, he left word, he intended to inspect. I have made careful inquiry, but find that no examination of arms was made by him. It was, in fact, impossible to be done, as he had no clue as to where the children lived in the same parish, and made no attempt to discover them.

It appears to me I should have had notice of his intended visit that I might have had children ready for his inspection, but as it was the visit was a mere farce, and seemed arranged to do away with my chance of award.

I remain, Sir, your obedient servant,

July 7th, 1873. PUBLIC VACCINATOR.

TUNNELING THE END OF URETHRAL INSTRUMENTS.

To the Editor of THE LANCET.

SIR,—Whatever may be the value of "tunneling the end of urethral instruments," as described by Mr. Teevan in the last number of THE LANCET, and attributed by him, as it has been by others, to Prof. Gouley of New York, the credit of the invention belongs to that eminent American surgeon Prof. Wm. H. Van Buren, and not to his former pupil, Prof. Gouley. Prof. Van Buren had made, and was in the habit of employing, instruments constructed upon this principle many years ago, and prior to the time when Dr. Gouley first became a student of medicine in his office. This statement of the authorship of the invention was made to the writer of these lines by Prof. Van Buren himself.

I enclose my card, and remain, Sir, yours faithfully,

July 7th, 1873. HONOUR TO WHOM HONOUR IS DUE.

THE SANITARIUM OF SOUTH AFRICA.

(From a Lay Correspondent.)

No. III.

IN my last letter I described the upper country as far as Wellington and the foot of the Drachenstein mountains. The pass over these mountains is called Bain's Kloof, from the name of the engineer who made the road, and is one of the finest pieces of scenery in the colony. On the other side of these mountains is the plain of Worcester, while Ceres is reached by going over the next mountains, through Mitchell's Pass. Mitchell's Pass is quite equal to Bain's Kloof for beauty, and, indeed, is thought by some to be the finer.

Worcester is rather more than three hundred feet above the level of the sea, and for a summer residence is one of the healthiest places in the colony; though it is very hot, the mornings and evenings are almost always cool and delightful. In winter it is visited by the rains which fall throughout the whole upper country; but at Worcester they are not so severe as in places nearer the sea, though they still are sufficient to render it unsuitable as a winter residence for consumptives. In the height of summer there is hardly any dew at night; at any rate, not till after midnight; and provided a light overcoat is worn the evening air may be enjoyed in perfect safety.

One great advantage of Worcester is, that it is within easy reach of Cape Town. The railway runs between Cape Town and Wellington, and from Wellington the post-cart runs three times a week, or a private cart may be easily obtained. The distance from Wellington to Worcester is about forty miles.

In the season Worcester is a capital place for fruit of all kinds, and in few places can milk and butter be so easily obtained. Good accommodation can be had here on very reasonable terms, and it is one of the cheapest places in the colony.

To the east of Worcester are Robertson and Montague, but I do not think an invalid would gain anything by going on to them; and, indeed, I doubt whether they are as healthy as Worcester.

Ceres is somewhat higher than Worcester, but is subject to the same rains in winter. In summer its climate is very healthy. The scenery around both Worcester and Ceres is

very beautiful, and either might be chosen for a summer residence.

Beyond Ceres and beyond the Hex River Mountains, which bound Worcester on the north, is the Great Karroo Desert, which consists of a wilderness of stony ground, very dry and sandy, and about 200 miles long. There are only a few solitary farms, situate at long distances along this tract of country, and the first village that is reached is Beaufort.

Beaufort is nearly 3000 feet above the level of the sea, and as a winter residence is very healthy. In the summer it is almost unbearably hot, and is subject to the violent thunderstorms which are prevalent during the summer months over the whole of that district. In the winter the weather is not so cold as in the higher plains of the Nieuwoeld, which lie immediately behind it, but it is not so bracing, and the atmosphere is perhaps hardly so pure and clear.

Behind Beaufort rise the mountains of the Nieuwoeld, and on the top of these are the plains of the Nieuwoeld. To the north-east of Beaufort lies Victoria West, while to the north-west lies Fraserburg. The country between these two villages is perhaps the healthiest in the whole colony of the Cape for invalids. In winter it is, as a rule, dry and clear, though sometimes exceedingly cold, while in summer, though very hot and subject to terrific thunderstorms, it is not so intolerably hot as might naturally be expected in a place so far to north in the colony.

The country consists of large, flat, and very ugly plains, divided one from another by low hills of iron-stone. These plains are covered with a low bush hardly more than half a foot high, which affords excellent food for sheep. So little rain falls in this part of the country, and so dry is the ground, that hardly a blade of grass can be seen for miles.

The great objection to this part of the colony in winter is, that the winds are sometimes very cold and trying. It is sometimes so cold in winter that ice is found nearly every morning on the water dams to the thickness of half an inch, and snow is by no means unknown. Owing to the rarefaction of the air at that height, one feels the cold even more than in England, and any invalid visiting this part should take care to provide himself with quite as much warm clothing as he would require for a winter in England. The air, however, is almost always dry and clear, and if proper care be taken to avoid cold, I believe this to be one of the most healthy parts of the colony.

The great difficulty for an invalid visiting this part is to obtain suitable accommodation. In Fraserburg or Victoria this may, with some difficulty, be obtained, but of course in the rest of this tract of country there are nothing but farms. Most of these farms are kept by Dutch boers, and the generality of their houses present a picture of dirt and discomfort hard to be imagined by any English gentleman. Their cooking and mode of serving their meals is of a description sufficient of itself to take away the appetite of any invalid, and any of those little comforts which are absolutely necessary for invalids are entirely out of the question. Most of the floors in these houses are made of clay, which are very cold and damp to the feet, and the boers themselves are a race in which nothing in the shape of society for an Englishman can be said to exist, even when the mysteries of their incomprehensible language have been mastered. I am particular in pointing out this fact, because I was gravely assured before I came out to the colony that I should find ample accommodation in the houses of the Dutch boers.

Of course there are farms in the Nieuwoeld, kept by Englishmen or Dutchmen of the better class, which are very different from these, and if an invalid could manage to gain admission to one of these houses, he need not seek for better quarters; but, unless he has personal introductions, he would find this impossible.

Mutton is very plentiful in this part of the country, but other kinds of food are not very easily obtained. Cow's milk is generally very scarce, though goat's milk can usually be procured, but this latter is very difficult of digestion.

In the villages in this part of the country living is very dear, and the hotels are by no means good.

Fraserburg seems to be colder than almost any other part of the country, and during the past winter inflammation of the lungs seems to have been quite an epidemic there, but this is no doubt greatly caused by want of care in guarding against cold.

Victoria is built just between two hills or "copjes," as they are called here, and in consequence is subject to a continual draught of wind, which passes through it. Whether it is liable to a return of the flood which not long ago washed away a great part of the village, I do not know.

Beyond Victoria West the country sinks again to the Orange River, and is therefore less suitable for consumptives than that part of the Nieuwoeld I have been discussing.

The district of the Orange Free State I hope to describe in my next letter, but I now wish to say a word on the means of conveyance to Beaufort West and the Nieuwoeld generally. Certainly the most comfortable way of travelling in the colony is to travel in one's own conveyance, and with one's own horses or mules. This, however, involves considerable expense, and to the large majority of consumptives this must always be a great consideration. Both the transport companies from Cape Town to the Diamond-fields pass through Beaufort, and by means of their waggons access to it is comparatively easy. Both companies convey their passengers from Cape Town to Wellington by train, and the remainder of the journey in waggons drawn by horses or mules. The Inland Company's waggons pass through Worcester and the Hex River Mountains; the Diamond Company through Mitchell's Pass and Ceres, both meeting at Beaufort. From Beaufort they separate again, the Inland Company passing through Victoria West, the Diamond through Murraysburg to the fields. The waggons are made as comfortable as circumstances will admit of, but that is not over-comfortable, and the journey is very fatiguing. The roads for the greater part of the way are very bad, and the shaking and jolting is very trying to those in weak health. From Cape Town to Beaufort takes about three days and two nights, and it depends on the state of the roads and the weather, whether one obtains the amount of rest the company promises. I must confess, however, that I have been surprised to find how much sleep one can obtain in the waggons, even when travelling over the jolting roads, and how fresh one feels at the end of the journey. Still it is a very serious undertaking for any invalid, and I should strongly advise anyone attempting it to break the journey for a day or two either at Worcester or Ceres.

Cape of Good Hope, October, 1872.

Obituary.

EDWARD MOORE, J.P., F.R.C.S.

MR. EDWARD MOORE was the only child of Mr. W. Moore, of Woodsetton House, Sedgley. He was born on the 19th October, 1804, was a Fellow of the College of Surgeons, and practised at Hales Owen from the year 1825 until five years before his death, when he resigned in consequence of failing health. He held the office of medical officer for the Hales Owen district of the Stourbridge Union for twenty years, and on his retirement from that post was presented by the guardians and other friends with a valuable silver salver and claret jug in testimony of their approbation of the faithful discharge of professional services and kindness to the poor, and for the uniform courtesy displayed by him during a period of twenty years. Of this tribute of his kindness to his poorer neighbours he was always justly proud, and valued it more than many other gifts of greater intrinsic worth, which he received from richer patients. He was created a magistrate for the county of Worcester in 1853, and a deputy-lieutenant in 1859; also a magistrate for the county of Stafford in 1862, and was an almost constant attendant at the Petty Sessions held at Hales Owen and Old Hill. He was deputy-coroner of East Worcestershire for upwards of twelve years, resigning that post on being made a magistrate. It might be added that he was an enthusiastic promoter of the Hales Owen and Hagley Flower Show, was one of the originators and chairman of the board of directors of both the Hales Owen and Cradley Heath Gas Companies; was also a churchwarden of Hales Owen for about thirty years, and took an active part in the

formation of the Sixth Worcestershire Rifle Corps, of which he was the assistant-surgeon for many years. He had suffered for some years from periodic congestion of the liver with symptoms of ulceration of the stomach, and his very sudden death (two days after he had returned from a continental tour) indicated perforation. Among his children are two members of the profession—viz., Surgeon-Major W. J. Moore, Bombay, and T. Moore, Esq., F.R.C.S., Petersfield. His untiring industry and thorough business habits rendered him a most valuable public man, and his loss will be long felt by a large circle of friends.

JAMES MILL, L.R.C.S.E.

BY the death of Mr. James Mill, of Thurso, Caithness, we have lost one of our most devoted practitioners of medicine. He studied at the University of Edinburgh, and when only nineteen became a Licentiate of the Royal College of Surgeons of that city. During his period of study he was an apprentice to Dr. Goodsir, of Anstruther, father of the late Professor Goodsir, of Edinburgh, who always regarded the late Mr. Mill as a brother. In 1827 he went to Wick, where for twenty years he practised his profession with great success. In 1848 he received a requisition from the inhabitants of Thurso to become their medical man, which he accepted, and for the last twenty-five years he had worked among them with an ardour and zeal seldom equalled and rarely excelled. He was surgeon to the Halkirk Poor-house, as also to three neighbouring parishes. His district extended over upwards of seventy miles, and, whether by day or night, whatever the distance, he was always ready to go at the call of the suffering, and thus rendered himself in every sense of the word "the beloved physician." Not only did he devote himself to his practice, but his spare time was given to advance the interests of the town in which he lived. He was elected chief magistrate in 1852. He retired from this office in 1860, but in 1865 was re-elected, and for some years he acted as sheriff-depute, which duty he always discharged with a liberal spirit and a desire for the good of his fellow-men.

Last year the public showed their appreciation of his services by presenting him with a handsome carriage, timepiece, and silver tea-service.

For the last six months his health had been failing, serious gastric symptoms evidenced themselves, and in spite of all the kind endeavours of his brother physicians, both in Edinburgh and Thurso, he sank on the 27th ult., at the comparatively early age of sixty-five. He was honoured by receiving a public funeral, the largest ever seen in Caithness, the coffin being borne shoulder-high by the Rifle Volunteers of Thurso, to whom the deceased was surgeon.

WM. COULSTON WARNE, M.B., M.R.C.S.

DR. WARNE, lately the Resident Medical Officer of the Royal National Hospital for Consumption at Ventnor, died recently at Rochester, in the twenty-third year of his age. Educated at the Cathedral School, Rochester, he afterwards entered as a student of medicine at the Edinburgh University. From his brilliant college career the fondest hopes were entertained of future professional distinction; but shortly after obtaining his degree, when appointed to the hospital at Ventnor, he was stricken with hæmoptysis, which necessitated his leaving work. Phthisis was found in an incipient state, but rapidly passing through its various stages, his case soon proved hopeless, and on the 25th ult. he died, to the great sorrow of all who were in any way connected with him. In addition to his success at Edinburgh, where he graduated with honours, Dr. Warne had made (for one so young) deep researches with the microscope in the study of physiology, a branch of study to which he was much attached.

JOHN KELK, M.D.

IT is with the deepest feelings of regret we have to record the death of Dr. John Kelk, of Scarborough, a gentleman who enjoyed an acknowledged reputation as a physician. The deceased gentleman was a member of the University of Leyden and also a member of the Royal College of Physicians, London. As an author he wrote many papers, the most noteworthy being his "Dissertatio de Sylphide," published at Leyden in 1824. We understand his MSS. diary extends without intermission over a period of forty years, occupying some fifty closely-written volumes. It is, therefore, to be hoped a portion may at no distant date be given to the public, containing as they do evidence of vast experience and careful observation. Dr. Kelk was a Commissioner of the Peace for the borough from the time of the passing of the Reform Bill, and one of the senior magistrates. He was also an Income-tax Commissioner, but did not prominently enter the arena of official labour as a public servant. We cannot conclude this notice without paying a tribute to his private character and worth. A good Christian, an English gentleman, an affectionate, kind, and loving husband, an accomplished scholar—possessing a refined mind and a cultivated taste, intimately acquainted with the ancient and most of the modern languages, sympathising so genially with the thoughts of the young in their diligence and earnestness in the pursuit of knowledge, and benevolent in the strongest degree—few ever reached a prouder position in the hearts and affections of the town and neighbourhood. Both young and old, rich and poor, esteemed the "good old doctor."

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 3rd:—

Barrow, Frederick, King's College Hospital.
Gibbs, Robert, Redcliffe-road, Brompton.
Griffith, Alfred Vavassour, Fenton, Staffordshire.
McKay, Henry Killock, Guy's Hospital.
Reid, Matthew, Freeschool-street, Horsleydown.

The following gentlemen also on the same day passed their Primary Professional Examination:—

Frederick William Cory, London Hospital; Edward Arthur Hardwick, Charing-cross Hospital; Henry Joseph Hind, Guy's Hospital; Arthur Francis Sargent and Horace Sworder, St. Mary's Hospital.

QUEEN'S UNIVERSITY IN IRELAND. — The following candidates have passed the first University examination:—

James Franklin Allen, Adam Anderson, J. Fisher Anderson, Hugh de Veaux Balbirnie, William Armstrong Burges, Robert John Camac, Arthur Robert Campbell, A. Mathewson Edge, William Ferguson, Turner J. Fisher, P. Johnson Freyer, William Gleeson, Francis Grew, James Hamilton, John Holmes, Wm. Samuel Irwin, William Jennings, Alexis MacAuliffe, Hugh Moreland M'Crea, Daniel Maguire, Aurelius Victor Maybury, Samuel Edgar Martin, Edward Joseph Murtagh, P. Fenelon O'Connor, Daniel J. O'Sullivan, Christopher Pearson, David Robertson, Wm. Ross, Michael Richard Ryan, Cæsar Dudley Sherrard, John Monteith Warren.

AWARDS FOR EFFICIENT VACCINATION. — Mr. J. Torkington Blease, of Altrincham, has been awarded the sum of £22 7*s.*, and Mr. George Okell, of Winsford, Cheshire, £14 13*s.*, by the Local Government Board, for efficient vaccination in their respective districts.

AT a meeting held last week by the special Dwellings Committee of the Charity Organisation Society, a series of resolutions were passed. Mr. McCullagh Torrens, M.P., was present, and defended the principles of the Artisans and Labourers' Dwellings Bill, which had for its object originally, not the getting rid of unfit houses entirely, but the stimulating of fit ones.

SOIREE AT KING'S COLLEGE.—On Wednesday the principal and professors of this institution gave a most interesting *soirée* and reception at their College in the Strand. The great hall, entrance hall, and staircases and corridors were handsomely decorated for the occasion, and the latter were illuminated with the new magnesium light. There was in the great hall an exhibition of works of art, including pictures by Turner, Landseer, Stanfield, Holman Hunt, Ansdell, &c. There were also here specimens of glass and bronzes, Roman, Chinese, and mediæval; Sèvres figures and Wedgwood ware, sculpture, plate, &c. In the natural history museum were a series of portraits, photographs, specimens of convict prison work, automatic spectroscopes and microscopes, &c. In other rooms the visitors were amused, and, if they desired, instructed also, by experiments on polarised light and spectrum analysis, with illustrations of light and polarisation, electro-magnetic experiments, telegraphic apparatus and cables, experiments on palladium, crystallisation of silver, &c.

AT a meeting of the guardians of the Mallow Union last week it was resolved that the salary of the medical officer, Dr. Berry, should be increased from £100 to £130 per annum.

FREDERICK HARRIS, a baker, of Old Kent-road, was summoned, on Saturday, by Mr. Marsden, Vestry Clerk of Camberwell, for selling bread so largely adulterated with alum as to be seriously injurious to health. Defendant was fined £5 and costs.

SUICIDE OF A MEDICAL STUDENT.—About six o'clock P.M. of the 4th inst., an unfortunate medical student, who had only arrived at the Charing-cross Hotel in the morning, jumped from the window of his room in the front of the hotel, and fell a considerable height through the glazed roofing on to the pavement below. He was immediately conveyed to the Charing-cross Hospital, where it was ascertained that he had sustained a compound fracture of his skull, a double fracture of his lower jaw, and a simple fracture of one thigh. He never lost consciousness until he sank, about three the following morning. The jury returned a verdict of "Death from suicide whilst in a state of unsound mind."

DONATIONS &c. TO MEDICAL CHARITIES.—Robert Culley, Esq., has given £150 to the funds of the Adelaide Hospital, Dublin. Mr. Michael Doyle has bequeathed the sum of £100 to St. Vincent's Hospital, Dublin. General Cartwright, of Weedon, has bequeathed £100 to the Northampton Infirmary. The Drapers' Company have given fifty guineas each to the East London Hospital for Children and St. John's Hospital for Diseases of the Skin. £50 has been presented to the Lock Hospital under the mark of "A Reply."

THE PUBLIC HEALTH ACT, 1872.

[In the following list the letters "P.S.D." signify Port Sanitary District, "R.S.D." Rural Sanitary District, and "U.S.D." Urban Sanitary District.]

Districts, and Medical Officers.	*Salary per ann.*	*Area in Acres.*	*Population.*
Aberystwith, U.S.D.—Mr. Morris Jones	£50	700	6898
Atherton, Bedford, Lane., Pennington, Tyldesley, Westleigh, Leigh, R.S.D. (U.S.Ds combined.—Mr. J. Hall)	£400	24532	41915
Barnsley, R.S.D.—Dr. Michael T. Sadler	£100	21415	19733
Bedford, Lane., U.S.D.—combined with Atherton U.S.D. and others.			
Barmondsey.—Dr. William Parker	£160	682	80413
Bethnal Green.—Dr. Thomas Sarvis	£150	760	122200
Bewdley, U.S.D.—Mr. Cecil Webster	£12	2240	3000
Billericay, Chelmsford, Maldon, (R.S.D.s combined.—Dr. C. B. Fox)	£800	238328	60468
Blackpool, Fleetwood, Kirkham, Lytham, Fylde, R.S.D. (U.S.Ds combined.—Mr. P. H. Bird)	£500	56356	30534
Bowness, Grasmere, Kendal, Kirkby Lonsdale, Windermere, East Ward, Kendal, Sedbergh, Ulverstone, West Ward, (U.S.Ds & R.S.Ds combd.—Dr. D. Page)	£400	482107	69661
Braintree, U.S.D.—Mr. John Harrison	£25	2242	4000
Buxton, U.S.D.—Mr. Frederick Turner	£40	710	3717
Caistor, R.S.D.—Dr. John James Mackintosh	£200	126466	28241
Camberwell.—Dr. John Syer Bristowe	£300	4342	111302
Carlisle, R.S.D.—Dr. Robert Elliot	£120	61761	15579
Chelmsford, R.S.D.—combined with Billericay and another.			
Chelsea.—Dr. Andrew Whyte-Barclay	£150	796	71689
Chorlton, R.S.D.—Mr. Thomas C. Railton	£150	5728	11000
Cornholme, Hebden Bridge, Todmorden, Todmorden, R.S.D. (U.S.Ds. combined.—Mr. Sydney T. Steele)	£400	17716	32323
Crewe, U.S.D.—Dr. Richard Lord	£50	1300	20000
East Ward, R.S.D.—combined with Bowness U.S.D. and others.			
Epping, R.S.D.—viz.:			
Chigwell &c. Division.—Dr. Campbell	£60		
Harlow &c. " Dr. Geo. John Eady	£60		
Epping &c. " Dr. Trever Fowler	£60		
Fleetwood, U.S.D.—combined with Blackpool U.S.D. and others.			
Freebridge, Lynn, R.S.D.—Mr. S. M. W. Wilson	£100	78775	18438
Fulham.—Mr. Frederick J. Barge	£150	4209	66064
Fylde, R.S.D.—combined with Blackpool U.S.D. and others.			
Grasmere, U.S.D. — combined with Bowness U.S.D. and others.			
Greenwich.—Mr. Henry N. Pink	£150	3399	102078
Hackney.—Dr. John Wm. Tripe	£450	3935	123000
Hebden Bridge, U.S.D.—combined with Cornholme U.S.D. and others.			
Holborn.—Dr. Septimus Gibbon	£300	195	44800
Ilkeston, U.S.D.—Mr. Robert Wood	£30	2540	9631
Kendal, R.S.D. } combined with Bowness U.S.D.			
Kendal, U.S.D. } and others.			
Kirkby Lonsdale, U.S.D. — combined with Bowness U.S.D. and others.			
Kirkham, U.S.D. — combined with Blackpool U.S.D. and others.			
Lambeth.—Dr. Michael J. MacCormack	£360	4015	208382
Leigh, R.S.D. — combined with Atherton U.S.D. and others.			
Lewisham.—Dr. Frederic E. Wilkinson	£73 10s.	17224	53115
Limehouse.—Mr. George Arthur Rogers	£300	570	87000
London, City of—Dr. Henry Letheby	£900		
Loughborough, R.S.D.—viz.:			
Leake Division.—Mr. Samuel Chapman	£12	6494	1670
Loughborough Div.—Mr. Wm. G. Palmer	£18	7826	2401
Sheepshed Div.—Mr. James A. Wood	£25	10068	3558
Wymeswold Div.—Mr. J. Woodruffe Brown	£25	13926	3393
Lower Bebington, U.S.D.—Dr. Wm. Main	£30	927	3193
Lytham, U.S.D. — combined with Blackpool U.S.D. and others.			
Maldon, R.S.D.—combined with Billericay R.S.D. and another.			
March, U.S.D. { Mr. Thomas O'Connor / Mr. William Stanger }	£20 / £20	18920	5435
Melton Mowbray, R.S.D. { Mr. N. Whitehurch / Mr. J. Moore Swain / Mr. Henry Douglas / Mr. Edward Brewster / Mr. James Roberts }	£90	91850	14943
Middlesborough, U.S.D.—Dr. J. A. Malcomson	£150	...	30000
Monmouth, R.S.D.—Dr. George Willis	£100	62977	22976
Paddington.—Dr. William Hardwicke	£150	1290	101869
Pennington, U.S.D. — combined with Atherton U.S.D. and others.			
Penzance, R.S.D.—Mr. Robert Dunstan	£95	51887	30329
Plumstead—viz.:			
Charlton Division.—Dr. Robert Finch	£50	1342	9603
Eltham Div.—Dr. David King	£50	3712	4528
Lee and Kidbrooke Div.—Mr. J. S. Burton	£75	2028	10450
Plumstead Div.—Dr. William C. Wise	£50	3715	28319
Poplar—viz.:			
South Division—Mr. Samuel K. Ellison	£150	1490	48500
North " Mr. Russell M. Talbot	£150	1418	69924
Ross, R.S.D.—Dr. Cambridge Cary Cocks	£90	85000	13827
Rothwell, U.S.D.—Dr. John Heaps	£90	3190	3733
Sedbergh, R.S.D.—combined with Bowness U.S.D. and others.			
St. George, Hanover-square—Dr. W. H. Corfield	£350 as Med. Off. of Health and Public Analyst.		
St. George-in-the-East—Dr. John J. Rygate	£150	222	43800
St. George-the-Martyr, Southwark—Dr. Henry Bateson	£300	284	68077
St. Giles and St. George, Bloomsbury—Dr. G. Ross	£150	245	53429
St. James, Westminster—Dr. Edwin Lankester	£200	164	34000
St. John, St. Olave, and St. Thomas—Dr. J. Northcote Vinen	£150	169	14873
St. John, Hampstead—Mr. Chas. F. J. Lord	£125	2283	32271
St. Luke, Middlesex—Dr. Frederick W. Pavy	£150	320	54869
St. Martin-in-the-Fields—Mr. John J. Skegg	£125	...	37167
St. Mary Abbotts, Kensington—Dr. T. O. Dodfield	£300	2200	120234
St. Marylebone—Dr. John Whitmore	£300	1500	149784
St. Mary, Newington—Dr. William T. Ellis	£300	624	88723
St. Pancras—Dr. Thomas Stevenson	£300	...	221804
St. Saviour, Southwark—Mr. Robert Bianchi	£200	203	30240
Stokesley, R.S.D.—Dr. William G. Forbes	£40	77350	10750
Tipton, U.S.D.—Dr. Arthur S. Underhill	£80	3600	29429
Todmorden, U.S.D. } combined with Cornholme			
Todmorden, R.S.D. } U.S.D. and others.			
Tyldesley, U.S.D.—combined with Atherton U.S.D. and others.			
Ulverstone, R.S.D. — combined with Bowness U.S.D and others.			
Wakefield, R.S.D.—Mr. Wm. D. Wood	£100	27451	27790
Wandsworth—viz.:			
Battersea West Division—Mr. Joseph Oakman	£50	28343	28872
" East " Mr. W. H. Kempster	£90		27416
Wandsworth Division—Dr. Geo. E. Nicholas	£50	2478	19797
Putney " Mr. R. H. Whiteman	£60	2176	9439
Streatham, &c. " Mr. David C. Neel	£60	9465	14679
Clapham " Mr. John Mac Donogh	£60	1233	27347
Warrington, U.S.D.—Mr. Frederick Barton	£100	23925	8808
West Firle, R.S.D.—Dr. Joseph C. Senger	£50	16211	2449
Westleigh, U.S.D. — combined with Atherton U.S.D. and others.			
Westminster—Mr. Barnard Holt	£130	...	67000
West Ward, R.S.D. — combined with Bowness U.S.D. and others.			
Whitechapel—Mr. John Liddell	£250	406	76332
Wilton, U.S.D.—Mr. C. R. Straton	£120	16868	9029
Winchester, New, R.S.D.—Dr. Beresford N. Earle	£150 for 6 months	60000	10946
Windermere, U.S.D. — combined with Bowness U.S.D. and others.			

Medical Appointments.

BERNARD, J. B., M.R.C.P.L., has been appointed Physician to the Training Hospital, Tottenham.

BIRKBECK, A. W., F.C.S., has been appointed Public Analyst for the Main Division of Hants.

BRANSON, H. J., M.D., M.R.C.P.Ed., has been appointed an Hon. Physician to the Sheffield Public Hospital and Dispensary, vice Mitchell, resigned.

BROWN, G., L.S.A., has been appointed House-Surgeon to the Charing-cross Hospital, vice Lewis J. Newnham, M.R.C.S.E., resigned.

CLARKE, F. H., M.R.C.S.E., has been appointed Medical Officer for District No. 7 of the Kingsbridge Union, vice Hole, resigned.

CLOUTING, J. E., M.R.C.S.E., has been appointed Medical Officer for the East Bradenham District of the Swaffham Union, vice Reeve, resigned.

COLMAN, W. T., M.R.C.S.E., has been appointed a District Medical Officer (*pro tem.*) to the Brighton and Hove Dispensary.

FENTON, M. A., M.D., has been appointed Resident Surgeon, Dispenser, and Secretary to the Worcester Dispensary, vice Busiguy, resigned.

HASSALL, A. H., M.D., has been appointed Public Analyst for the Isle of Wight Division of Hants.

HOLDEN, J. S., M.D., has been appointed Medical Officer of Health for the Sudbury Rural Sanitary District: £100 per annum.

JONES, Mr. E. T., has been appointed Public Analyst for the Southern Division of Staffordshire.

KING, J. B., M.D., M.R.C.S.E., has been appointed a District Medical Officer (*pro tem.*) to the Brighton and Hove Dispensary.

LEVICK, G., M.R.C.S.E., has been appointed Medical Officer to the St. George-in-the-East Industrial Schools at Plashet, vice Mugliston, resigned.

MACDONALD, Dr. J. D. (late of Lochearron), has been appointed Medical Officer for the Drymen and West of Stirlingshire District.

MACLEOD, M.D., L.R.C.S.Ed., has been appointed Assistant Medical Superintendent of the Cumberland and Westmorland Counties Lunatic Asylum.

PARSONS, F. J. C., L.R.C.P.L., has been appointed Medical Officer of Health for the Bridgewater Urban and Rural Sanitary Districts: £150 per annum.

PROWSE, W., M.R.C.S.E., has been appointed Medical Officer of Health for the Little Woolton Urban Sanitary District: £20 per annum.

RECKITT, W. B., M.R.C.S.E., has been appointed Junior House-Surgeon to the Royal Free Hospital, Gray's-inn-road, vice Kingsford, whose appointment has expired.

RITCHIE, W., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Hoyland District of the Barnsley Union, vice Allott, deceased.

SCOTT, Mr., has been appointed Public Analyst for the Northern Division of Staffordshire for six months.

SHAW, W., M.R.C.S.E., has been appointed House-Surgeon to the Beckett Hospital and Dispensary, Barnsley, vice Head, deceased.

TALBOT, R. M., L.R.C.P.Ed., has been elected Medical Officer of Health for the Poplar North District (Bow and Bromley), vice Dr. Woodforde, resigned.

VOBE, W. M., M.R.C.S.E., has been appointed House-Surgeon to the Great Yarmouth Hospital, vice Palmer, resigned.

WESTCOTT, W. W., M.B., M.R.C.S.E., has been appointed Medical Officer for District No. 1 in the Langport Union, Somersetshire.

WILLIAMS, B. H., M.R.C.S.E., has been appointed Resident Surgeon and Apothecary to the Buckinghamshire General Infirmary, Aylesbury, vice Hogg.

WILSON, G., M.D., L.R.C.S.Ed., has been appointed Medical Officer to Lodge 844 of the Grand United Order of Odd Fellows, Huddersfield Unity, vice Allatt, resigned.

Births, Marriages, and Deaths.

BIRTHS.

HANSON.—On the 2nd inst., at Prestcigne, the wife of William Hanson, L.R.C.P.Ed., of a son.

MILSOME.—On the 3rd inst., at Addlestone, the wife of John R. Milsome, M.D., of a daughter.

PEARCE.—On the 7th inst., at The Manor House, Brixton-rise, the wife of Chaning Pearce, M.B., C.M., L.R.C.P.L., M.R.C.S.E., F.G.S., of a daughter.

SNOW.—On the 2nd inst., at Bournemouth, the wife of W. V. Snow, M.D., of a daughter.

TICEHURST.—On the 1st inst., at St. Leonards-on-Sea, the wife of A. R. Ticehurst, M.R.C.S.E., of a son.

MARRIAGES.

BENSON—STONE.—On the 7th inst., at St. Bartholomew's, Coffinswell, South Devon, William Burns Benson, M.D., Surgeon-Major H.M.'s Indian Army, Civil Surgeon of Nagpore, Central India, to Anna Marie Louisa, second daughter of the Rev. Meade Nisbet Stone, M.A., retired Senior Chaplain, Madras Establishment.

TURTLE—TAYLOR.—On the 8th inst., at St. Jude's, Brixton, Frederick Turtle, M.D., of Clifton Lodge, Woodford, Essex, to Sarah Jane, eldest daughter of John Taylor, Esq., of Brixton.—No Cards.

DEATHS.

BLAIR.—On the 30th ult., at the Fort, Fort William, Scotland, Eliza Margaret Mactavish, wife of David Blair, M.D.

CALLENDER.—On the 29th ult., John Callender, Surgeon (in practice before August, 1815), of Greenside, Blaydon-on-Tyne, aged 91.

CARMICHAEL.—On the 2nd inst., at Aberdour, Fifeshire, W. S. Carmichael, F.R.C.S.Ed., of Northumberland-street, Edinburgh, aged 54.

M'NAIR.—On the 19th ult., Frederick M'Nair, Surgeon, of London, formerly of Sleaford, Lincolnshire, eldest son of the late Mathew M'Nair, Esq., of Guy's Hospital, aged 31.

STREETER.—On the 3rd inst., John Soper Streeter, F.R.C.S.E., of Harpur-street, Bloomsbury, aged 71.

Notes, Short Comments, and Answers to Correspondents.

SANITARY CONDITION OF DUBLIN.

THE Shah has left us; but there is another Eastern potentate for whom, we fear, we shall prove much less prepared, his strabilious Majesty King Cholera. Dublin has awoke to the anticipation of his advent, not a day prematurely, if we are to trust her leading organ. The *Mail*, according to the *Evening Mail*, is "an offensive ditch, an indescribable nuisance, and an hourly peril; but we must not forget that the city is seamed, so to speak, with stable-lanes and alleys, some of these contiguous to our best streets of business or residence, where rotting filth yields its deadly poison copiously to the sun, and is borne by light and subtle breezes into the lungs of the sickly, to paralyse weak constitutions, and multiply the prey of pestilence." No health inspector, we are told, penetrates into these deadly regions, as is evidenced by the mass of vegetable *débris* accumulated for months over every yard's space. The city must be thoroughly cleansed—a process which should be gone through before the period of greatest heat renders it dangerous to stir the offensive matter into the air. It should be divided into districts, every part of which should be scrutinised once a fortnight. Positive nuisances would then be abated, and, yet more, the citizens would be compelled to overhaul their premises, and co-operate with the sanitary officers. Not only public hygiene, but public morals would benefit by such care. The example of filthy streets produces or perpetuates domestic slovenliness. Fetid and uncomfortable homes drive their tenants to the gin-palace, where the "vitriol poison," as the Poet Laureate terms it, maddens the brain to the perpetration of wife-beating and those street rows which have made Dublin so notorious. The social *sordes*, whose major premise is sanitary neglect, and whose conclusion is household misery and public rowdyism, is complete. Its practical refutation is those reforms which the Dublin Sanitary Association has so well begun, and which "house-to-house visitation" will contribute most effectually to consummate.

Mr. James Cowell (Rotherhithe) had better get an out-patient's letter to some hospital where he would obtain the necessary advice.

TRANSFER OF LUNATICS FROM ONE ASYLUM TO ANOTHER.

To the Editor of THE LANCET.

SIR,—I question very much if the superintendents of asylums or their officers would be disposed to echo the proposal of Mr. S. O. Bishop, that dangerous patients could be *advantageously* transferred from one asylum to another. The proposal seems to be very like throwing a weight of responsibility upon others' shoulders that you are not very anxious to carry on your own. Where such transfers (as far as I know, after fifty years' experience of asylum life) have been attended with *advantage* to the patient, the cases have been very different from the condition of the criminal in Fisherton House. A change of place and scene may be desirable for melancholics occasionally; but the idea of passing a maniacal homicide from one asylum to another, to remove his morbid impressions, would only tend, I suspect, to confirm them. Having failed to obtain his object in one place, he might try to secure it in another. The resident officers and attendants in the new abode would in such a case be exposed to increased hazard of their lives. The awfully cruel death of Mr. Lutwidge (a gentleman very highly valued and respected) should have one effect at least upon the public mind, that of considering the danger which must be incurred by all those whose resolve is to carry out the mildest and best treatment—that of associate domesticity with their afflicted patients. If an occasional visitor with attendants about him is exposed to so awful a termination of life, what must the danger be to those who are daily and hourly amongst them? No human foresight can guard against such hazards, as I know well from the proofs of experience. Some years ago I was warned by the steward of the Suffolk Asylum against a criminal patient, whom he saw slip a knife into his pocket. He had been changing me with unjustly detaining him. I had the man taken to his room, strapped, and everything taken away. No knife could be found, and I felt disposed to question the accuracy of the impression of the steward. His assurance, however, was so positively repeated that I told the man he should not come out of his room until the knife was found. He remained a close prisoner for two days; on the third morning he sent a special request for me to visit him. I did so, when his words (well treasured in my memory) were, "If you will let me out I'll give you the knife." He then walked quietly with me into the airing court, kicked up a stone, and under it was the knife, which he put into my hand. It could not have been many minutes between the time when he was seen with the knife and when he contrived to secrete it unobserved. Instances are only too often occurring where the most minute inspection fails to prevent dangerous and alarming occurrences; and, as an asylum superintendent of more than forty years' standing, I would urge great consideration for those under whose charge such dangerous patients are placed. I trust this event, this deplorable event, will lead to the avoidance, if possible, of censure upon attendants when such sad events do take place, and also to a more public recognition of their services, when they do all they can to prevent them.

I am, Sir, your obedient servant,

JOHN KIRKMAN, M.D.,
Medical Superintendent, Suffolk County Asylum

Suffolk County Asylum, June 24th, 1873.

Progressista, (Greenwich.)—*Il pur si muove.* The transformation of church property into public institutions is bearing fruit in Rome. The Convent of San Lorenzo on the Viminal is now converted into a chemical school, where Professor Canizzari, well known to the scientific world, has his residence. Part of the noble grounds which environ it is destined for a botanic garden.

MADEIRA.

THE controversy as to this health-resort still rages. *The Times* correspondent, "Hirundo," is a cruel thorn in its side—"Hæret lateri lethalis *hirundo!*" The new boarding-house, says he, to be re-opened next winter, is built over one of the principal town sewers, which last year impaired the health of many of the boarders. Dr. Geo. Lund rejoins that during seventeen years' residence in the house neither he nor his family ever felt any unpleasant odour, or suffered from ill-health. The house is well built, well situated, and stands high above the town level, and is not, as "Hirundo" says, placed over a sewer. The Azores, by the way, have many attractions as a health-resort; but their chief fault is lack of accommodation and sanitary conveniences.

Prophylaxis, (Belfast.)—Yes; the Drogheda Infirmary has been shut up, advantage having been taken of the death of Dr. Pentland. An effort, indeed, was made to keep it open; but the proposal at the last meeting of the Board was negatived by 13 votes to 8. The union workhouse is now the only resource for accidents in Drogheda.

Subscriber is recommended to peruse carefully the Grammar of Prof. Bain, of Aberdeen.

TRAUMATIC EPILEPSY.

To the Editor of THE LANCET.

SIR,—Having a case of what might be called traumatic epilepsy under my care of recent date, I read Dr. Thompson Dickson's article with especial interest; and in order that other of your readers who are in a position to favour me with some more conclusive evidence than Dr. Dickson's for the well-being of my patient, I have ventured to send you this letter for insertion.

On April 24th, 1873, J. A—— was admitted into the Highgate Infirmary, suffering from epileptic fits. He was a fair, well-nourished, and healthy-looking lad, seventeen years old, and until three weeks previous to admission he enjoyed robust health, and never had a fit. At this time he was knocked down in a fight, and received a kick upon the right side of the head, about half an inch behind the fronto-parietal suture. He was taken to Gray's Inn-road Hospital in a state of unconsciousness, which continued until the following morning. He remained in this hospital for sixteen days, suffering great pain in the right half of the head, with constant giddiness, but no vomiting. Six days after his discharge from the above hospital he was admitted here, and on the day previous he had a succession of epileptic seizures. When I first saw him there was general tenderness upon pressure, with slight local elevation of temperature, and the acme of pain was at the part which received the blow. There was neither a boggy state of scalp, nor any sign of depressed bone. There was the bluish cast about the lips which is common with epileptics. For the space of ten days he continued to improve; the pain left the head, and in all respects he was apparently well. Then commenced the fits. They were usually preceded by slight muscular agitation, but no vomiting, and occurred sometimes more than once during the day. I thought of trephining, and should have done so had the symptoms been more severe, as I concluded that in all probability some spicule of bone might be irritating a cerebral convolution from possible fracture of the internal table of the skull; or perhaps hæmorrhage between the layers of dura mater or other of the membranes, or even a layer of pus from peripheral brain inflammation. But I was in doubt as to the propriety of performing such an operation; and Dr. Dickson's article, instead of helping me to arrive at a different conclusion, leaves me in still greater doubt. For two reasons—

1st. Because in his patient the skull was found simply thicker than normal, and it must be evident that this did not give rise to the epilepsy; for the attacks, it appeared, came on a week after the accident, when no thickening could have taken place.

2ndly. Trephining has not removed the cause, for the patient continues to have the fits still.

I quite agree with Dr. Dickson that his patient has now what might be called an epileptic brain, and so surely will he be an epileptic as long as he lives. I have seen epileptic convulsions several times as the result of intracranial fracture; but these are, as a rule, diagnosed not only by their severity, but also by their continuance, and the condition of profound coma between their exacerbations. No one could for one moment doubt the advantage of trephining under such circumstances. But I have seen other cases of epilepsy, from a smart blow upon the head, producing succussion, where the persons never had a fit before, and in one case I remember the patient became a confirmed epileptic. At first sight, after reading Dr. Dickson's summary at the end of his paper, I ought to trephine my patient without delay; but I must pause for further evidence, and will thank any of your readers if they will kindly forward me any account of cases of epilepsy successfully treated by trephining when not caused by fracture of the inner table of the skull, and where no predisposition to epilepsy existed.

I am, Sir, your obedient servant,
Highgate Infirmary, June, 1873. THOMAS S. DOWSE.

Inquirer.—Consult the chapters on the Management of Children which are to be met with in most works on Diseases of Children, such as that of West, Meigs, &c.

Mr. Ranking, H. W., and others will find a reference to the subject of their communications in another column of our present number.

X.—Fownes's Manual of Chemistry (Churchill); Williamson's Chemistry for Students (Macmillan); Miller's Elements of Chemistry, 3 vols. (Longmans).

MEDICAL BENEFIT CLUBS.

To the Editor of THE LANCET.

SIR,—Will you allow me through your journal to inform my medical brethren who have communicated with me on the above subject that we do not consider that there is a sufficient number of promised members to establish a new Medical Benefit Society with a fair chance of success.

The other plan that I suggested was to induce some existing Assurance Office to commence this branch of business, and I trust before the end of the month to be able to inform individually all my correspondents what is the result of our efforts in that direction.—Yours, &c.,
Golborne-road, W., July, 1873. WM. ACKERMAN, L.K.Q.C.P., &c.

ASYLUM AMENITIES.

THE annotation bearing this title in THE LANCET of the 28th ult. has elicited from *Mr. A. C. Procter*, clerk to the Committee of Visitors of the Cheshire County Asylum at Macclesfield, a reply to the effect that Mrs. Petschler "was treated with exceptional kindness and consideration"; but that the "Commissioners in Lunacy are to institute a full inquiry into the circumstances." The Report of the Commissioners, dated June 26th, 1873, is very favourable to the condition and management of the asylum, and to the manner in which the patients are treated. Mrs. Petschler's case, however, occurred a year ago.

Ophiophagus, (Southampton.)—A useful summary of the various modes of treating snake-bite appeared in our contemporary, *Iron*, for July 5th. The writer (evidently a competent one) inclines to put most confidence in the maintenance of artificial respiration.

A Loser must, we fear, come in with the rest of the creditors.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I enclose a copy of correspondence which I have had with the London Life Association. The subject is one which it seems to me concerns the interests of the profession, and which you may think deserving of mention in THE LANCET. The documents will explain themselves.

I am, Sir, yours truly,
June 23rd, 1873. C. M.

SIR,—Being desirous of effecting an assurance upon my life in the London Life Association, I shall feel obliged if you will unreservedly give such answers to the annexed questions as your knowledge of my present and general state of health and habits of life enables you to afford, affixing your signature thereto, and forwarding the same to the Secretary to the Association, No. 81, King William-street, London.

I am, Sir, your obedient servant,
Dr. M. CHAS. R. W——.

Medical Report as to Mr. C. R. W——.

1. How long have you known him?
2. Are you in the habit of seeing him frequently?
3. How long have you attended him professionally?
4. Has he ever been affected with spitting of blood?
5. Has he ever been affected with any other disease or indisposition, and of what nature?
6. Has he ever experienced any injury from accident, and of what nature?
7. When was he last ill, and what was the nature of his indisposition?
8. Do you believe that he is now in sound health?
9. Do you believe him to be sober and temperate in his habits?
10. Do you consider him, from constitution or any other circumstance, more than usually liable to disease, and of what nature?

June 13th, 1873.

SIR,—I have received from your Office a communication in reference to Mr. C. R. W——'s proposal for insurance. As the replies to the questions asked are intended to benefit your Association, I shall be obliged by your informing me, before I send them, if I am to receive from the Association the usual fee of one guinea. I am yours truly,
The Secretary of the London Life Association. C. M.

London Life Association, 81, King William-street,
London, E.C., June 14th, 1873.

DEAR SIR,—This being a mutual assurance society, and not a trading corporation, it requires every person desiring to be admitted to its advantages to furnish evidence that he is in good health, without expense to the Society. If he cannot do this he cannot be admitted. Mr. W——, therefore, and not this Society, made application to you for a report, and the form in which that might conveniently be given was supplied to him to save trouble. Your application for a fee should therefore be made to him.

I am, dear Sir, your obedient servant,
C. M., Esq., M.D. EDW. DOCKER, Sec.

RULE 1.—Every person at the time of proposing an assurance with this Society is required to name two or more referees, one of whom is to be the *usual medical attendant of the party proposed for assurance*, from whom the Society may receive, *free of charge*, the requisite information relative to the state of health and habits of life of the person so proposed; and the policy will not be delivered to the assured until proof of the declared age has been supplied.

June 16th, 1873.

DEAR SIR,—I have received your letter of the 14th inst. I see that the rules of the Society are so framed as to evade payment to the medical referees for information which is to benefit the Society, and which, in the event of its leading to the rejection of a proposal, cannot in any way benefit the proposer, but the Society only. Under these circumstances I am of opinion that the fee ought to be paid by the Society, and I have written to Mr. W——, declining to reply to the questions which your Society has made him the medium of asking. I am your obedient servant,
The Secretary of the London Life Association. C. M.

THE ST. ANDREWS M.D.

IN a recent annotation on "Medical Men and Actions at Law," it was inadvertently stated that the M.D. of St. Andrews was conferred for £10 in 1862. This we learn was an error, that year being merely the last in which residence was not compulsory prior to examination, and the fee having been always £25.

Mr. Frank Nielson, (Glasgow.)—We should advise our correspondent to consult some competent physician in his own city. We cannot undertake to give him advice in the matter, and it is beyond our power to furnish private answers.

A. W.—A master is not responsible for medical attendance on his servant, unless by special contract or undertaking.

Mr. H. G. B. Harris.—This is a case involving legal questions, with which, of course, we cannot interfere.

An Army Surgeon.—No answer has yet been promulgated by the War Office to the points brought forward by the recent deputation. We have little doubt that our correspondent's assertion is perfectly correct, that, in some form or other, most of them have been urged at different times on the attention of the authorities, and he can have read our various articles to very little purpose if he has failed to discover that we have never denied that it was no fault of the medical direction if success did not attend their representations. The authorities are masters of the situation so long as they obtain the necessary number of candidates. We concur with him in considering it disheartening to find the fruits of our labours snatched from the service, as they were on a previous occasion, by the action of those who came from the Irish schools. The great thing is to seek only for what is fair and reasonable as between the service and the public, and to prove to the authorities that the profession is in earnest in the matter. We differ from our correspondent, however, in thinking that it was prudent in the medical officers to hold meetings, although they were, no doubt, justified in doing so after permission had been granted by the local military authorities. The best course undoubtedly is that adopted on a late occasion by the combatant officers—viz., for individuals, severally and separately, to forward their subjects of complaint.

Mr. Joseph Packard.—The case was decidedly one for a coroner's inquest. The design of the law was not regarded by the registrar and other officials. At the same time it must be admitted that much is left to their discretion in such cases.

Dr. R. H. M. (Runcorn, Cheshire) is to be congratulated; but we scarcely think it a subject for notice at our hands.

LOOSE REGISTRATION OF DEATHS IN WALES.

To the Editor of THE LANCET.

SIR,—On the 13th ult. I was called to see a patient over sixty years of age. He presented very anomalous symptoms, which seemed to point to long-neglected rheumatism, along with a cirrhosed and malignant state of the liver. I visited him every day till the 20th, when he was suffering from diarrhœa. There was a deficiency of bile in the stools. On the following day his wife told me, for the first time, that a medical man at a town some miles from here had given up all hope of the case more than a month ago. No œdema of the legs nor ascites was to be found throughout my attendance. I pursued a palliative course of treatment, under which the patient certainly seemed improved, and on the following day (the 21st) he was decidedly better, free from pain, &c., and so he continued for a day or so; but on the 26th he again relapsed, and on the 29th he died. I was never asked for any certificate of death. Yesterday he was buried.

My object in writing to you is to be informed of the regulations, if such exist, concerning the registration of deaths, and if there is any difference between those in England and Wales. The registrar of deaths of the district told me yesterday that for one death certified to here by a medical man, there may be two or more concerning which no medical report has been returned, and he said he had no power to compel relatives to obtain one, and, with perfect *naïveté*, added that "it would be very difficult to do so in the case of the death of an *illegitimate* child," and these "illegitimate cases," he stated, very commonly occurred to him. He showed me his book containing the entry of the death of my late patient, the cause assigned by the relatives being "liver complaint." This term appeared very frequently throughout the book in the cases of uncertified deaths. The registrar was prepared to admit that there was a "great want of protection" in the system existing here. I do not wish to hint that there was any foul play in the above case. I should be glad to learn, through you, if there is any law to compel medical certificates being presented before burials, and, if so, what it is.

I am, Sir, yours, &c.,

Welshpool, June 4th, 1873. CIRRHOSIS.

*** There is at present no legal obligation for the production of a medical certificate of the cause of death; but a Bill is now before Parliament which proposes to compel every medical man to give a certificate of the cause of death of persons attended by him. Wales has an exceptionally large proportion of medically uncertified death returns, as we have lately remarked. Undoubtedly there is a great want of protection to life under the present system in Wales and elsewhere.—ED. L.

THE CORONERSHIP OF BURY ST. EDMUNDS.

IN reference to an annotation on the above subject which appeared in our issue of May 10th, and to a letter that was published a fortnight subsequently, a correspondent writes to say that Mr. Partridge, who seems to have issued the notice on which we commented, is coroner for the *Liberty* of Bury St. Edmunds; whilst Mr. Sparke, who wrote the letter disclaiming the authorship of the notice, is coroner for the *Borough* of Bury St. Edmunds.

Dr. Patterson.—Unless the person in question uses titles falsely he cannot be touched under the Medical Act. The whole particulars should be laid before the Society of Apothecaries.

"CHANGE OF COLOUR IN THE HAIR."

To the Editor of THE LANCET.

SIR,—I again beg to inquire if the statement of "M.A. Oxon.," as to cod-liver oil and phosphorus having the property of changing grey hair to its natural colour, when taken internally, may be relied upon? I think, as one of many readers of your journal (which is taken in at our Club), I may ask the courtesy of a reply.

Yours, &c.,

Pall-mall Club, Waterloo-place, July 5th, 1873. PALL MALL.

*** We have no personal knowledge of the effects of this remedy in this respect. We have unfortunately mislaid the private note forwarded by "M.A. Oxon.," and have consequently lost his name and address. We should be much obliged by his forwarding them to us.—ED. L.

Evolutionist, (Dublin.)—The original edition of Lamarck's "Philosophie Zoologique," which appeared in 1809, has been reprinted with scrupulous fidelity by M. Charles Martins. The work marks the point of departure for all theories of evolution, and entitles France to claim a considerable share in the movement of which Darwin is the greatest representative, and which is now affecting so profoundly the philosophy of natural science. M. Martins prefaces it by an introduction, treating of the biography of Lamarck, and bringing forward unknown facts relating to that *savant*—facts which were beyond the reach of contemporary appreciation, but which prove him to have anticipated at the commencement of the nineteenth century many of the most striking generalisations of living naturalists.

Senex.—We think our correspondent has put too literal an interpretation upon the passage quoted. How about the second clause of the same verse? We imagine no one would desire his *skin* to be washed "whiter than snow."

Dr. Redwood's report has been received.

MORPHIA SUPPOSITORIES AND URÆMIA.

To the Editor of THE LANCET.

SIR,—Some time ago a gentleman presented himself at my consulting-room, complaining of loss of appetite, weakness, and nervousness. He was a man who bore evidences of having lived a hard and fast life. He also complained much of tenesmus, and said that every time his bowels moved a large quantity of blood came away; that he resisted the inclination as far as possible, as his "very life's blood was draining away." He was evidently in much distress, and I prescribed morphia (half a grain) and gallic acid (five grains) suppositories, one every night at bedtime.

I saw him at his residence three days after. He was sick and vomiting; his skin was dry and harsh; he was confussed and slightly incoherent, but not drowsy, nor were his pupils small. The relief afforded by the suppositories was most marked, and I saw no reason to withdraw them.

A few days afterwards I received a letter telling me that he was dead, and that the physicians called in said that he died of congestion of the brain and kidneys; "the morphia contained in the suppositories had been so noxious to his system as to bring the illness to a sudden crisis."

Now, I more than suspected chronic renal disease at the first interview, and, being fully conscious of the danger of administering opium under such circumstances, fell back upon the suppositories as unobjectionable—in my experience at least. I am still disinclined to think that the uræmia was due to their action, and should feel obliged if you would permit me through your columns to ask if any reader has met with similar cases tending to show that the morphia in the suppositories is absorbed to such an extent as to render them objectionable in the treatment of such cases. It is a very important point, and ought to be settled. I have hitherto known nothing against morphia suppositories in such cases, though the administration of opium in its various forms by other means is certainly contra-indicated.

I remain yours very truly,

July, 1873. M.R.C.P.

Prosector (Aberdeen) is referred to the "Anatomie et Physiologie Cellulaires" of M. Ch. Robin, of which the first volume has just been issued by the house of J. B. Baillière. It treats of the anatomical constitution, the physiological *rôle*, and the pathological alterations of cells, considered as elements of the animal organisation. The difficult questions as to the genesis of cells and the nature of the elementary properties which animate them are discussed in this volume. M. Ch. Robin has for years been at issue with the physiologists of the German school and their adherents in France and England. His controversial tone is calm and philosophical in spirit, while trenchant and lucid in expression.

An Intending Candidate.—Don't.

Mr. James Lund, (Blackburn.)—We know nothing whatever of the individual referred to in the paragraph. Our correspondent must draw his own conclusions from its promises. We cannot undertake to forward private answers.

VACCINATION.

To the Editor of THE LANCET.

SIR,—I can sympathise with your correspondent, "R. S. P. T." I, like him, have had any gratuity I might have been entitled to withheld on account of some slight informality in my book, Dr. Gwynne Harries expressing himself perfectly satisfied with both the quantity and quality of the vaccinations. The object of the Vaccination Act is, I presume, to compel all to be properly protected against an epidemic of small-pox. In many rural districts the Vaccination Act presses most heavily upon the poor, compelling them frequently to carry their children some three miles to a vaccination station, which, being multiplied by four (as the Act also compels the parents to send or bring the child to the vaccination station for inspection) makes a distance of twelve miles for the poor woman to carry her child. If you want to make the Act at all popular, you must not clog it with serious hardships, and you ought to bring it to the homes of people, not compel them to carry their children some distance. But what I want to ask you is this: In most rural districts the contracts specify that you shall vaccinate at the stations in the months of May and October, and at no other time. The Act of Parliament distinctly says that a child shall be vaccinated when it is three months old, imposing certain penalties if this is not carried out without due reason to the contrary. Now, if we adhere to our contracts, it stands to reason that many children must be brought to us, some as much as eight or nearly nine months old. I was told by the vaccination inspector that I was on no account to vaccinate any person chargeable to the parish, except at those times; consequently I have been obliged to refuse vaccination to many children who have been brought to my surgery, which happens to be the vaccination station for the district. Can this be right? How can the vaccination officer carry out his duties? And if he summons any of the poor for not having their children properly protected, can the magistrates fine them, or compel me to act in opposition to the vaccination inspector's directions? If I do I shall lose all claim to any gratuity.

Yours, &c.,

July, 1873. R. Q.

Mr. J. Catherall, (Hexham.)—The qualifications referred to entitle their possessor to take office as sanitary medical officer under the Local Government Act.

SYMBLEPHARON.

To the Editor of THE LANCET.

SIR,—The frequent occurrence of symblepharon from burns in iron-making districts, caused by spurts of molten metal and slag, and the rare attempts to relieve such cases, induce me to record one of three cases, all of which were successful.

Aug. 6th.—Edward M'C——, a puddler, was burnt in the right eye by a piece of molten slag, for which he was admitted into the North Riding Infirmary. In seven weeks he was discharged cured of the burn.

Nov. 17th.—He had an extensive adhesion of the right lower eyelid to the eyeball, preventing mobility of the eye, and seriously interfering with vision.

20th.—Admitted into the infirmary under my care, and was at once operated upon. The adhesions were severed, making the incision down to the sclerotic, freeing the eye from the lid as much as possible to receive the flap of conjunctiva, which was carefully dissected from the upper portion of the eye. The flap was secured by three silk sutures.

Dec. 1st.—Left cured; atrophy of the cicatrix on cornea progressing.

7th.—Reported that he could use the right eye almost as well as the left.

After the flap of conjunctiva is dissected, it is sometimes difficult to ascertain which is the outer surface. Mr. Teale advises me in future to continue the arc, then slip it over the cornea and secure it, thus giving the flap two bases, and avoiding any fear of confusion or mistake.

I remain, Sir, yours truly,

W. Y. VEITCH, L.R.C.P. & L.R.C.S.E.,
Late Surgeon to the North Riding Infirmary.

Middlesborough, June, 1873.

THE MEDICAL COLLEGE, EPSOM.

To the Editor of THE LANCET.

SIR,—Knowing that the readers of your excellent journal take more than common interest in the general welfare of the Royal Medical College, Epsom, I trust you will allow me a small space in your columns.

I was seven years a pupil at the College, and during that time I never recollect having, even once, cause to complain of the food. Both the quantity and quality were good, and certainly up to the average of other public schools. But, alas! *tempora mutantur*; I have good reason to believe that this is far from being the case now; why I cannot understand, as not only has the College undergone a thorough change (which many consider to be an improvement), but also the fees have been raised one-eighth. Surely the Council cannot be aware of this falling off in the cuisine department, and a visit from them to the dining hall during meal time, as used to be done in the time of our respected founder, might tend to remedy this defect.

I remain, Sir, yours, &c.,

July 1st, 1873. AN OXONIAN AND OLD EPSOMIAN.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Meadows, London; Dr. R. J. Lee, London; Prof. Vanzetti, Padua; Mr. Ward, Manchester; Mr. Boyd, Bath; Dr. Heyward, Overton; Mr. Craven, Norwood; Mr. Pugh, Brighouse; Mr. Green, Wrexham; Mr. B. Merridew, Olney; Dr. Hawker, Lancaster; Mr. R. Monk, Lincoln; Mr. Robbins, Coventry; Mr. Kerr, Falcaragh; Mr. J. Hinton, Peterborough; Mr. Hawkins, Manchester; Mr. Swayne, Redhill; Mr. Lane, Stratford; Mr. W. L. Roberts, Bradford; Mr. South, Exminster; Mr. W. Akerman, London; Mr. Wood, Burnley; Mr. Beattie, Caterham; Mr. Williams, Bedford; Mr. Farleigh, Surry; Mr. Pringle, Wolverhampton; Mr. Moore, London; Mr. Baker, Clifton; Mr. Minton, Dublin; Mr. Prestwich, Oldham; Mr. Stevens, Yarmouth; Mr. Winn, Hythe; Mr. Hine, Cambridge; Mr. Wade, Sydenham; Mr. Danvers, Rotherham; Mr. Bredin, Chart Sutton; Mr. West, Woodbridge; Mr. Mayfield, Ramsey; Mr. O'Gorman, Belfast; Mr. M'Donald, Southall; Dr. Dowse, Highgate; Mr. Seaman, Sumatra, India; Mr. Ryott, Newbury; Mr. Fenwick, Gateshead; Mr. Talbot, Poplar; Mr. Ward, Ventnor; Mrs. Higgs, Hammersmith; Mr. W. Prowse, Much Woolton; Mr. Renton, Edinburgh; Mr. Haming, Hexham; Mr. Mason, Finchley; Dr. Campbell, Garlands; Mr. Evan, Newport; Dr. Myers, Shelby, Ohio; Mr. Manley, Sierra Leone; Mr. Taylor, Greenford; Mr. Atkinson, Freemantle; Dr. Kirkland, Chalfont St. Peter; Mr. R. Armley, St. Albans; Mr. Linford, Kingston; Mr. Lovell, Dudley; Mr. Tourville; Mr. Cooke, Hertford; Mr. Stevenson, Nottingham; Mr. Okell, Winsford; Mr. Ball, York; Mr. Townley, Bradford; Mr. Pearse, Round Oak; Mr. J. Churton, Liverpool; Mr. A. Eskell, London; Mr. Helmsley, Hampton; Dr. Pearce, Brixton-rise; Mr. Tallack, London; Mr. Sparks, Horley; Mr. R. Walters, Brierly Hill; Mr. Nielson, Glasgow; Mr. Higgins, Lincoln; Mr. Pateman, Chester; Dr. Morris, Darlington; Mr. Lowe, London; Dr. Wade, Ryde; Mr. Catherall, Hexham; Mr. Galton, London; Mr. Townsend, Exeter; Dr. Young, Middlesborough; Mr. Buck, Worcester; Mr. Bartlett, Glasgow; Mr. Cregeen, Liverpool; Mr. R. Banks, Chesterfield; Mr. Redwood, Rhymney; Dr. Nicholas, Wandsworth; Mr. Grove, London; Mr. Parks, York; Mr. Price, Sunderland; Mr. Lamb, Gravesend; Mr. Relfe, Cork; Mr. J. Chapman, Dorking; Mr. Campkin, Bradford; Mr. T. Henry, Edinburgh; Mr. Blease, Altrincham; Mr. Weald, Barton; Mr. Fernie, London; Mr. Bellamy, London; Mr. Veitch, Middlesborough; Mr. Jarvis, Peckham; Mr. Collette, London; Dr. Morris, Spalding; Dr. Farquharson, Dudley; Mr. Land, Blackburn; Mr. E. M. Shirtliff, Kingston-on-Thames; Mr. Barnard, Leeds; Mr. Ellis, Burnley; Dr. Foster, Leeds; Dr. Fenton, Coventry; Mr. Woolcott, London; Mr. Lethgow; Mr. Peele, Drymew; Subscriber; Cirrhosis; R.; Another Old Bart's Man; A Constant Reader; Pall Mall; X.; &c. &c.

Penrith Observer, Bournemouth Directory, Manchester Courier, Aberdeen Medical Student, Staffordshire Sentinel, Ulverston Mirror, Driffield Observer, Western Gazette, Wolverhampton Chronicle, National Education Gazette, Southport Visitor, Lincoln Gazette, and *Food, Air, and Water* have been received.

METEOROLOGICAL READINGS

(*Taken by Stewart's Instruments*).

THE LANCET OFFICE, JULY 10TH, 1873.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo.	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 8 A.M.
July 4	29·78	W S W	58	64	109	72	39	...	Fine
" 5	29·93	S.S.W.	57	60	109	73	43	0·35	Rain
" 7	30·16	W.	58	64	111	80	45	...	Fine
" 8	30·16	W.	56	66	117	81	56	...	Fine
" 9	30·19	N.W.	56	62	108	76	56	...	Fine
" 10	29·97	S.W.	60	64	114	77	56	...	Overcast

Medical Diary of the Week.

Monday, July 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. PETER'S HOSPITAL.—3 P.M. Expected Operation: Lithotrity.

Tuesday, July 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, July 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 3 P.M.
LONDON HOSPITAL.—Operations, 3 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, July 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 3 P.M.

Friday, July 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
MEDICAL MICROSCOPICAL SOCIETY.—8 P.M. Conversational Meeting for the Exhibition of Specimens, &c.

Saturday, July 19.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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